

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

NICOTINE CRAVING BY DAY.



NICOTINE CRAVING BY NIGHT.

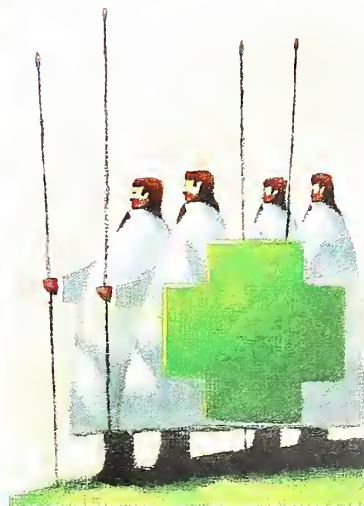
Scots cancer plan to strengthen role for pharmacy

Plans to relax POM advertising opposed

First pharmacist prepares for e-script transmission pilot

Deadline looms for GSK agency scheme

Boots The Chemists and Sainsbury's in collaboration talks



It's time to show a united front...

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Smokers don't smoke while they sleep, so why provide them with nicotine replacement therapy all night? Nicorette 16 hour Patch closely mimics a regular smoker's nicotine intake during normal waking hours. Because it keeps cravings under control all day, but leaves smokers nicotine-free at night, there's less chance of sleep disturbance! So next time regular smokers need continuous craving relief, help them have a restful night too, with Nicorette 16 hour Patch.

NICORETTE
contains nicotine
16 hour Patch

Craving free days - Nicotine free nights

Abbreviated Product Information: Nicorette patch is for use in nicotine dependence and symptom relief in smoking cessation.
Legal category:  **Date of Preparation** November 2000. Further information is available from Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661101. **References** 1. Fagerstrom KO, Sachs DPL. Medical management of tobacco dependence: a critical review of nicotine skin patches. Curr Pulmonology 1995, 16: 223-38



**FOR THE FIRST TIME IN HER LIFE
SHE'S GOT GUM DISEASE.**

**NO PRIZES FOR GUESSING WHICH
MOUTHWASH HER PHARMACIST
WILL THINK OF FIRST.**



The launch of Corsodyl was a direct result of the discovery of chlorhexidine gluconate, and all of you know how effective this ingredient has been in the treatment of gum disease.

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THE NUMBER ONE TREATMENT FOR GINGIVITIS*

CORSODYL
chlorhexidine gluconate

Corsodyl. Uses: Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene, promotion of gingival healing following surgery, useful in the management of aphthous ulceration and oral candidal infections. Presentation: Spray and Mint Mouthwash; Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: Clear colourless gel containing 1%w/w chlorhexidine gluconate. Dosage and Administration: Spray: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for one minute, once or twice daily. Ulcers, oral candidal infections: Apply gel directly to sore areas. For gingivitis use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. Contraindications: Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. Precautions: For oral use only, keep out of eyes and ears. Pregnancy and lactation: No adverse events have been reported, and no special precautions are recommended. Side effects: Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. Overdosage: Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. Product Licence Numbers and Basic NHS Cost: 'Corsodyl' Spray (0079/0311) 60ml (OP) £4.10 'Corsodyl' Mouthwash (0070/0313) 300ml (DP) £1.93 'Corsodyl' Mint Mouthwash (0079/0312) 300ml (DP) £1.93 600ml (DP) £3.85 'Corsodyl' Dental Gel (0079/0314) 50g (DP) £1.21 Legal Category P. Date of last revision June 1998 Licence Holder SmithKline Beecham Consumer Healthcare, Brentford TW8 9BD. 'Corsodyl' and 'Corsodyl the Gold Standard' are trademarks. *Source: IRI Data total market value sales Jan 01

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

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COMMENT

Direct to consumer advertising of prescription medicines will take one step nearer reality with European Commission proposals expected in the next few days. All sides agree that patients or consumers should have as much access to information as possible. But the Consumers' Association has made a pre-emptive strike, saying the EC proposals would have 'disastrous consequences' for the NHS. Part of that concern is based on the US model where it is not uncommon to see adverts for anti-HIV drugs in city-centre bus shelters, persuading people to change brand much like cigarette advertising. There is also a different sort of health care system in place. Within Europe, the national health systems should be less prone to patient demand. Bodies such as NICE, and limited cash budgets, will strengthen the doctors' rights to decide for whom they will prescribe. For its part, the pharmaceutical industry, of which the public is already suspicious, claims that the EC proposals are merely to allow the public to have better access to information. It believes that it is simpler and cheaper for the industry to provide the information voluntarily, rather than set up independent state-funded information resources, as called for by the Consumers' Association. Drug companies are perhaps the best placed to give detailed information should the public ask for it.

We welcome the debate but the topic is huge. So many factors - from patient rights to public responsibility, from methods of promoting drugs to the motivation behind such schemes - need to be considered fully. The terms "advertising" and "promotion" need to be defined first. And should the industry have its way, it will have to proceed carefully. Provision of information can take many forms, but how much can be gleaned from a bus shelter that could not be better explained by the doctor or pharmacist?

Scottish cancer plan

A new cancer strategy which includes pharmacists has been welcomed by the RPSiS

CA fights relaxation of ad ban on ethicals

Drugs bills could go sky high, predicts the Consumers' Association

Pharmacist prepares for ETP pilot

The first pharmacist to trial ETP in Scotland is waiting to have a high-speed phone-line installed

PSNI plans new survey

A new survey of community pharmacy was one item discussed at the May meeting of the PSNI

Marketwatch

This month Gordon Heeley of Lloydspharmacy, right, reports on the sun-care market

Chemex

A look at what some of the exhibitors at Chemex will be showing this year

... show a united front

Malcolm Brown has some ideas about how pharmacy organisations can pull together

The Bermuda angle

How co-operation among health professionals has improved asthma care on a tropical island

Don't be afraid to train your support staff

Technician training is good for the pharmacist, a College of Pharmacy study day emphasised

Time to raise your voices

New generation pharmacists must become more pro-active, says NPA chairman Gerald Alexander



Deadline looms for GSK agency scheme

Sources say that wholesalers have until the end of July to agree a new contract with GlaxoSmithKline

Boots and Sainsbury's in link-up talks

Boots could be operating up to 100 pharmacies in Sainsbury's supermarkets if talks prove successful



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CMP



Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in June:



- CHD (1202)
- Ear complaints (1203)
- Skin complaints (1204)

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 08705 441188.

Internet users can catch up on accessing the dotpharmacy site at www.dotpharmacy.com. The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

PSNI 'golden' pharmacists recognised

Northern Ireland pharmacists who have been registered for 50 years or more gathered recently at a special celebratory evening.

Of the 97 pharmacists eligible, 52 attended the evening with friends and family and were presented with special certificates by Pharmaceutical Society of Northern Ireland president James McElnay.

Among the more senior pharmacists in attendance were Billy Cooper who registered in 1931, Harry Boyd (1933), George Hamilton (1934), Sydney Rutherford (1939), William Gorman and Eugene Hare (both in 1941), Jim Gray, Harold Porter and Catherine Slevin (all 1943) and Samuel Cooper, brother of Billy, (1946).



Pictured at the evening are president Prof James McElnay, left, with Harry Boyd

Free pregnancy tests in Sheffield

Eight pharmacies in Sheffield are offering pregnancy tests, emergency hormonal contraception and free condoms in a bid to reduce teenage pregnancies.

All pharmacies were invited to take part in the pilot; those selected were in areas with the highest teenage pregnancy rates. The scheme started on July 2, after the pharmacists were trained and accredited. A further group of about 10 pharmacists is undergoing training. Levonelle is supplied under a patient group direction and protocols are in place for carrying out pregnancy tests if necessary.

The pharmacists are paid £15 per consultation, regardless of whether it results in a test or supply of EHC, for which the pharmacists are reimbursed at cost price. Pharmacists issue a pack containing information leaflets and four free condoms.

The scheme, for 15-19-year-olds, is funded by Sheffield Health Authority's Teenage Pregnancy Unit.

Scottish cancer strategy welcomed by RPSiS

The Royal Pharmaceutical Society in Scotland has welcomed the Scottish cancer strategy which recognises the need to include pharmacists as part of cancer care.

"Pharmacists are pivotal to ensuring safe and effective use of medication, and hospital and community pharmacists should be encouraged to develop their role as a resource to prescribers and patients," says the strategy, *Cancer in Scotland: action for change*, published on July 2.

RPSiS says this "important document" highlights the role played by pharmacists currently and addresses where pharmacy could make a contribution in the future.

A national specialty steering group is developing a strategy that will define standards to assure the pharmaceutical contribution to a reduction in the incidence of and mortality from cancer. Managed clinical networks will also be expected to adopt and implement these standards.

Another area of progress will be the development of software to allow better documentation of the pharmaceutical care of cancer patients to improve transfer between healthcare sectors.

While recognising there are many cancer-related pharmacy initiatives

taking place, the strategy will seek to encourage better co-ordination and integration of services. One area will be to collaborate with others to develop electronic prescribing and medicine administration systems.

The Scottish Cancer Group has been strengthened and asked to produce an implementation plan by the autumn. Dr Harry Burns, lead clinician for cancer in Scotland, described the shift there has been in recent years in people's perception of cancer.

"More and more people are living with cancer. And that is the key - living with cancer," he said. While more people may contract the disease in the future it is also predicted that fewer people will die from it. "More people will need palliative care and other support services, more people will need information individual to their needs."

About 26,000 people in Scotland are diagnosed each year with cancer and the numbers are increasing, lung cancer being the most common killer.

Dealing with chemotherapy, the strategy calls for evidence-based protocols for the prescribing, preparation and administration of chemotherapy and supportive treatment, as these can help reduce side effects. "Where gaps are identified in evidence-based protocols, for example the use of oral

chemotherapy in the community, the SAG will commission expert advice to inform future practice."

Regional cancer advisory groups will also be asked to implement pharmaceutical care planning schemes for patients, should current pilots prove successful.

Round the clock pharmaceutical care at home is seen as desirable, especially as many more people than are able would prefer to die at home if support were available. The strategy refers to the model schemes for pharmaceutical care in the community, allowing palliative care teams 24-hour access to medicines. It wants to build on this "promising start" and says it will be entering discussions with the profession to take this forward.

Care at home is an important part of the strategy and is likely to be more commonplace as therapeutics and drug delivery systems improve, says the strategy. It is important that patients have help and support and cites the role of community pharmacists in helping patients understand and take their medicines.

RPSiS has issued a paper for Scottish parliamentarians highlighting the pharmaceutical aspects of the strategy. It is available at www.scotland.gov.uk/library/3/health/csac.pdf.

Lucas to leave CPP

College of Pharmacy Practice chief executive Michael Lucas is to take up a new position as executive secretary of the European Actuaries Association.

Mr Lucas will leave the College at the end of August, having been at the CPP for three years. The position will appear in the national press this week.

After Mr Lucas leaves the College and until a successor is found, the immediate past chairman of the College, Bryan Veitch, will act as chief executive.

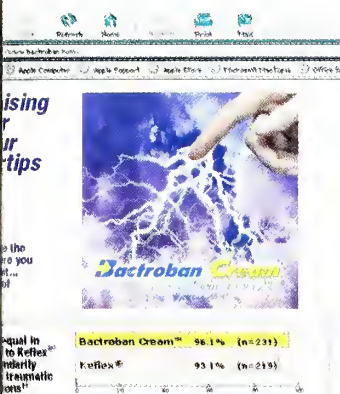
15-year contract for NICPPET

The Northern Ireland health department has agreed a 15-year contract with Queen's University of Belfast for the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training.

NICPPET came to the university in 1996 under a contract that ends on July 31. Usually contracts are shorter than 15 years but both parties have been satisfied with the centre's work over the past five.

NICPPET will continue to be housed at the School of Pharmacy but will move this autumn into a custom built training resource centre on the school's ground floor. As well as meeting rooms and offices, there will be large training suite holding up to 8 people. The Centre will have Internet access and training workshops from next January.

Consumers' Association fights relaxation in POM advertising



An example of medicines information from the US

The Consumers' Association is fighting moves to relax the ban on advertising prescription medicines directly to consumers.

The Association believes the drugs bill could go sky high if such advertising appeared in mainstream British media, with disastrous results for the NHS. In a policy report launched this week, the CA urges the Government to consider the full implications of a shift in policy towards more direct promotion of drugs.

"At present, policy developments are being driven by industry interests to the total exclusion of the public interest," the report says.

Next week the European Commission is expected to announce proposals to relax the rules on promoting drugs for AIDS, diabetes and asthma; pharmaceutical companies would be allowed to create interactive patient information websites and advertise their treatments for those conditions. The CA is sending copies of the report - which concludes that, on balance, advertising does more harm than good - to EC officials, the Government and Department of Health. By doing so the Association hopes to fuel a debate, which will include the public, health professions and patient groups.

The report, *Promotion of prescription drugs: public health or private profit?*, says there is no basis for claims that a ban on advertising keeps patients in the dark. The argument that advertising on the Internet will make liberalisation inevitable should, instead, be seen as strengthening the case for a counterbalance to commercial messages.

"There are huge deficiencies in the availability and quality of information

that is available to UK patients and, unless this problem is addressed, the door will be left wide open for drug companies to step in to fill the gap."

The report calls on the Government to introduce new arrangements as part of the existing healthcare system. One suggestion is for the Medicines Control Agency to set up a sub-group to provide accurate and complete information to consumers about prescription medicines.

Another idea is to seek funding from drug companies to support the provision of patient information and to run disease awareness campaigns. If this could not be achieved voluntarily, there could be a tax on sales or a levy linked to the Pharmaceutical Price Regulation Scheme.

The Association backs its claims with research from the USA, where drug companies have been promoting their products directly to patients for almost 20 years. The drugs bill increased 84 per cent between 1993-1998. There was no evidence of better prescribing - in fact use of antibiotics increased and other heavily advertised drugs were used inappropriately.

Clara MacKay, the CA's principal policy adviser, said there would be a year to lobby against the proposed legislation. When asked about pharmacists' potential input, she agreed there were

opportunities for the profession to develop its role in providing information. Previous work on patient information leaflets had found that many patients regard pharmacists as accessible, trustworthy and often a more logical person to consult than the GP, she said.

A spokesman for the Association of the British Pharmaceutical Industry said his understanding of the European proposals was that pharmaceutical companies would be allowed, when requested by patient groups, to disseminate information on certain therapeutic areas, under a strict code of conduct. This was a long way from US-style TV advertising, which the UK industry was not seeking anyway.

All the UK industry wanted was the ability to give better information on the medicines it had researched and probably knew more about than anyone else, he said. It was misguided to expect companies to pay a levy for another body to provide this information when they were willing to do so themselves. Self-regulation had already been proved to work, because if a company appeared to break the existing advertising rules, other companies soon complained.

● DIPEX is a database that collects the experiences of patients with different illnesses. Visit www.dipex.org.

Lottery cash to support cancer projects in Northern Ireland

Smoking cessation projects in Northern Ireland will receive over £749,000 of lottery cash from the New Opportunities Fund.

Pharmacy schemes seem to have been overlooked, but pharmacies are likely to be involved in a much smaller project giving touch screen information to cancer patients.

The money comes from £6.4 million allocated by the Fund's Living With Cancer programme to support 24 projects aimed at cancer prevention, detection, treatment and care in the most disadvantaged areas.

Eastern, Western, Southern and Northern Health Boards have received £749,016 to promote cancer prevention through a co-ordinated approach to stopping smoking. But Belfast community pharmacist Terry Maguire, who

has been putting pressure on his health board to support pharmacies, feared that the money might go only to GPs because they were now able to prescribe nicotine replacement therapy. He had no details of the project at this stage.

Ulster Community and Hospitals Health and Social Services Trust has received £19,414 to create a touch screen system for patients, carers and professionals.

The system will offer information on cancer prevention and risk, self-examination, local screening programmes and support groups.

The money will provide five screens to be tested in different locations, possibly including pharmacies, schools and supermarkets. The project will initially be based in Newtonards

IN BRIEF

Northern Ireland statistics

There were 1,8886,671 items dispensed from 1,080774 prescription farms in Northern Ireland in February. The ingredient cost was £19.73 million (£18.54m net). Discount was £1.186m, with oncost and other payments totalling £3.218m. The gross cost was £21.76m (£21.09m net). Gross cost per prescription was £11.53 with ingredient cost £10.45. The net ingredient cost per prescription was £9.82.

PCP signs up 1,000

The Tamworth, Staffordshire-based Primary Care Pharmacy has signed up over 1,000 members of the public for its medicines management services since it relaunched it a week ago, its chief executive Andrew Burr said on Monday (C&D July 7, p6).

Anusol survey - closing date

There are two weeks to go to respond to the Anusol survey which appeared in C&D June 30, p25. The closing date is July 31, which was stated in the rules, but was mistakenly given as August 31 in the main body of the text. Subscribers who complete the survey will be placed in a draw to win one of three coffee machines for their staff room.

NHS Complementary medicine

An information pack for primary care organisations on commissioning alternative medicine has been produced and is available on the Department of Health's website at www.doh.gov.uk/cam/. "The pack makes it clear that the provision of complementary medicine must be decided at a local level, taking account of evidence at its suitability and efficacy and its effective regulation," health minister Yvette Cooper said.

US seeks withdrawal of comfrey

The US food and Drug administration has asked manufacturers to withdraw herbal products containing comfrey due to concerns over potential liver damage and carcinogenicity. Reuters has reported.

Weleda training places

Weleda is looking to sign up two pharmacists for its six-month training programme in natural medicines starting next July. The course covers herbal, anthroposophic and homeopathic remedies, as well as a working experience of manufacturing, licensing and other regulatory matters. Further details are available from Weleda's chief pharmacist Kevin Leivers on 0115 944 8221.

Sexual Health Week announced

This year's Sexual Health Week will run from July 30 to August 4 with the aim of raising awareness of contraception and sexual health issues among all age groups.

The Family Planning Association's (FPA) information service has reported an increase in calls from people in their mid-30s and older. Such people are worried about their lack of awareness of contraception and sexually transmitted infections, it says.

A campaign pack, containing posters, postcards and fact-sheets is available from the FPA on 020 7923 5201, or by e-mailing brendaa@fpa.org.uk.

● The latest Office of National Statistics (ONS) survey on sexual health showed that two fifths of women had used family planning services in the past five years. The survey also reports a fall in the number of men who said that they always used a condom when they had sex, from 56 per cent in 1998 to 49 per cent in 1999. However, there was an increase in the proportion of women who said that information about HIV/AIDS had encouraged them to use a condom, from 39 per cent in 1998 to 46 per cent in 1999. *Contraception and Sexual Health 1999* can be downloaded from: www.statistics.gov.uk/products/p6988.asp

National Mental Health Institute for England

A National Institute for Mental Health in England (NIMHE) has been created to cover mental health services in primary, secondary and tertiary care.

The institute is the first of its kind in the world, says the Department of Health, and will be established in late autumn 2001.

The overall aim of the institute will be to drive forward the implementation of the National Service Framework for Mental Health. Its first task will be to develop a national research plan and to set up regional Clinical and Service Development Networks.

Professor Louis Appleby, National Director for Mental Health, who will lead the organisation, said: "Frontline staff will be able to improve their skills with training in areas such as delivery of psychological therapies."

Health Minister Jacqui Smith said: "This new institute will bring together agencies, patients, carers and health professionals."

Pharmacist prepares for ETP pilot

The first pharmacist to take part in Scotland's trial of electronic prescribing is John Reekie of Lawthorn, Irvine.

He is waiting for a high speed phone line to Townhead Surgery, which will generate prescriptions electronically, and expects the trial to start as soon as the relevant software is in place and he is linked to the NHS net.

Claiming to be a "technophobe", he believed his pharmacy was selected because it was some distance away from the surgery and was less busy than the nearest pharmacy, so the process would be less disruptive.

"If there were flaws in the system it would snarl up their business," he said. "And if I were nearby it would be tempting to go in to the surgery to fix any problems."

He was about to buy a new computer, but the Scottish Office has paid to replace it with one of the required specification.

Initially, patients will still receive paper prescriptions, which they can take to a pharmacy of their choice.

Dr Jim Campbell, a GP at Townhead Surgery, said: "This avoids problems with prescription direction and is a sensible precaution in case the system goes down."

The prescription information goes to SCLstore, which the pharmacist can access by keying in a code or other means of identification from the patient. After dispensing, the pharmacist sends the information electronically to the pricing bureau, and the doctor is notified about the medicines issued.

Mr Reekie thinks there will be extra work initially and the "scary part" will be transmitting information for payment, so he hopes there will be safeguards against its disappearance once paper prescriptions are abandoned.

Dr Campbell says no date has been fixed for transmission of the first prescription. Details yet to be finalised include obtaining patients' consent for clinical information to be sent to the pharmacy, and devising a system for paying pharmacists in instalments for prescriptions dispensed over six months.

The ETP pilot is running concurrently with a separate scheme in which 11 pharmacies (14 branches) in the local healthcare co-operative are being connected to the NHSnet.

Lloyds trains pharmacists in all round diabetes care

Lloydspharmacy has trained 16 pharmacists on initiating insulin therapy and other aspects of diabetes care.

Its first one-day insulin training course looked at insulin types, regimes, dosing and presentations, use of equipment, hypoglycaemia, and sick day rules, as well as case histories and practical exercises. While the pharmacists will not be expected to initiate patients on insulin, it is hoped that they will be able to provide additional support for patients, GPs and nurses.

Lloydspharmacy may extend the training later this year depending on pharmacist feedback over the next three months. However, Andrea Turner,

business unit manager (retail) at Lloydspharmacy, says the initial response has been "fantastic". This was the sort of training the pharmacists wanted as it gives them the confidence to talk to GPs about initiating treatment, she said. "They could be seen as a source of expert knowledge."

Diabetes care is a key area for Lloydspharmacy, said Ms Turner. The company was aware that Novo Nordisk was providing training for GPs and practice nurses and thought pharmacists might also benefit. Pharmacists who had a specialist interest in diabetes were selected from around the country.



David McAughey, Lloydspharmacy's diabetes care consultant, demonstrates the use of equipment to pharmacist Sam Fletcher

Cannabis legalisation debate broadens

The debate on cannabis legalisation has intensified over the past week as it featured in the Conservative Party leadership elections. The Home Secretary has also suggested that he would like to see an "adult debate" on the matter.

Conservative Peter Lilley, a supporter of Michael Portillo, said cannabis should be legalised. This week Mr Portillo said there was already sufficient information to make a decision on legalisation.

Home secretary David Blunkett has argued against a royal commission on drug abuse as it would delay any decision. But he has accepted there should be an "adult and sensible" debate relating to class A drugs. On Sunday, he hinted further that the Government might consider the case for decriminalisation.

Two former home secretaries, Lords Jenkins and Baker, told the *Sunday*

Times they favoured decriminalisation.

Out-going chief inspector of prisons Sir David Ramsbotham went a stage further, saying that all drugs should be legalised to reduce the crime motivated by the need to buy drugs. "I think there is merit in legalising and prescribing so people do not have to go and find an illegal way of doing it."

The Royal Pharmaceutical Society has yet to decide its position on legalisation of cannabis, although it is advocating a change in the law to allow the medicinal use of standardised cannabis extracts.

RPSGB chief scientist Professor Tony Moffat said the Society had discussed its stance on legalisation last week, but thought that there was not yet a need to take a position. "We do not have anything unique to add to the debate," he said, but he indicated the Society would be assessing developments.

The Society has been involved in the research being carried out by GW Pharmaceuticals. This is seen as the first attempt to actually prove that cannabis has therapeutic value.

● An Office for National Statistics survey released this week indicates that cannabis is "by far the most common drug used", with 25 per cent of women and 33 per cent of men aged 16-24 reporting they had used it in the past year. Reported cannabis use in all age groups was 9.7 per cent and of any drug 10.6 per cent. "Indications of drug dependence were identified in only 2 per cent of women and 5 per cent of men overall," adds the report *Psychiatric morbidity among adults 2000*.

The highest dependence rates were in the young - 8 per cent of women and 16 per cent of men in the 16-24 age group.

Industrial unrest, at £70 a head

The Department of Health has done it again. One office issues a wonderful plan detailing the way forward for pharmacy while another does its best to alienate hospital pharmacists.

The former will be familiar to all. The latter is the management side of Pharmaceutical Whitley Council. It has decided that pharmacists will not have their on-call allowance increased in line with salary for the year 1999-2000.

No matter that it has been increased every year since its introduction in 1986, or that the majority of on-call rotas are voluntary and will collapse if pharmacists pull out. No matter that the on-call allowance has been increased in the award for 2000-2001.

Perhaps the management side is still in a huff after being forced to the negotiating table by the Minister for Health, and this is its revenge. Or could it be the Treasury which is causing the problem? It is hardly likely, since the sum of money involved per pharmacist per year is £66.78.

“... pharmacists will not have their on-call allowance increased in line with salary ...”

There are already significant recruitment and retention problems within hospital pharmacy. For less than £70 the Department of Health is risking hospital pharmacists voting with their feet and making the problem worse.

With talk of seven-day working to meet the aspirations of the pharmacy plan, Government needs to keep as many pharmacists on its side as possible. This is not the way to do it. Instead, management has said that the increase is for local negotiation. The cost to each Trust of carrying out these negotiations will be considerably more than the cost of paying the allowance.

The Guild says that if local negotiations result in a refusal to increase the allowance, then the Trusts involved will be taken to industrial tribunals. Then the cost to the NHS will be significant, but the management has given the Guild no option.

Whatever the outcome, the episode has left a sour taste in the mouths of hospital pharmacists.

Written by a senior hospital pharmacist

Xrayser

Topical Reflections

Prescription for trouble?

The arbitrary application of prescription charges received heavy media coverage last week after the National Association of Citizens Advice Bureaux published a report claiming that up to a million people every year in England and Wales were not having their prescriptions dispensed because of the tax (C&D July 7).

At £6.10 the prescription tax does act as a disincentive to taking prescribed medicines properly but so far successive administrations have resisted any attempt to rationalise the system. They have ignored all pleas for review because, in any fair report, the system would be exposed to ridicule.

The political reality is that the prescription tax will not be abolished, but access to pre-payment certificates could be made easier. The CAB has suggested that the cost of the certificate should be graduated according to income, but this would be cumbersome and administratively very expensive.

I would suggest two alternatives. In line with a motion recently passed at the Local Medical Committee Conference I would abolish charge exemptions for the over 60s and enable pre-payment certificates to be bought through pharmacies.

It is crazy that prescription charges paid against an existing prescription cannot be immediately offset against the cost of a pre-payment certificate. At present, the patient has to pay twice to obtain the necessary medication and then to claim the charge back against a pre-dated pre-payment application later. This is the predicament that traps many low-income patients and was highlighted in the CAB report.

Pre-payment certificates should be bought through community pharmacies, with the paperwork submitted with each month's prescription bundle. The whole scheme should be administered by the Pricing Authority. Pharmacists would be paid a fee for each sale, but this would be offset by the administrative savings of centralising the records with the PPA and by the reduction in the number of receipts that are issued to patients for future reclaiming from the post office.



These two simple measures would retain the integrity of the tax, make its imposition fairer and enable the “grey” area patients that concern the CAB better able to afford their regular medication.

Beguiling the public, post-RPM

Now that resale price maintenance no longer applies to any goods, the Office of Fair Trading has achieved its ambition of a competitive market for OTC medicines – or has it? I always carefully check my competitors to see how and what they are promoting and currently the emphasis is on price.

Prominent window displays of supplements, toiletries and medicines, with large placards, proclaim massive half-price savings but, like tempting mail order offers, when the small print of the claim is deciphered, it often bears no relationship to the true market.

The public is confused by clever marketing and rather than being provided the opportunity for fair comparison is bombarded by competing claims, leading people to believe that anything less than half price is expensive.

The guile of the merchandiser is far superior to the law, with the result that the level playing field sought by

the OFT does not exist. Prices are once again meaningless because the comparisons themselves are meaningless.

But now we are all playing to the same rules, perhaps it is time to move the goal posts. If price is such an important marker, then it is pricing that should be controlled by the simple expedient of prominent single price marking.

With no misleading discounts or spurious reductions it will truly be up to customers to make their own choices.

... and if there is a silver lining

When a prescribed item can be purchased more cheaply over the counter, I always offer the choice but sometimes the price is still slightly above the prescription charge.

I used to give up the unequal struggle at this stage, but it is not now illegal to change the price according to circumstances, so now when the prescribed medicine is slightly above the prescription charge I drop its price to just below and make the sale instead.

On the dispensed medicine I am paid a fee of 94p but on a sale of £5.95 I will make between £1.50 and £2. Now that is good business!

Support for cardio patients

"Your Heart" is a new support service for people with cardiovascular disease.

Sponsored by Pfizer, the free health education programme aims to improve concordance in patients taking Istin, Cardura XL and Lipitor. A MORI survey of 500 patients found that one-fifth did not comply with their medication, with just over half saying they stopped taking it because of a lack of understanding.

Sixty one per cent said they would find information more useful if it was tailored to them. More patients wanted information on their condition than on heart disease in general, and over three-quarters wanted facts on lifestyle and diet.

The Your Heart scheme is patient-focused, with material sent directly to the home of patients who have enrolled, so it can be read in their own time. The information, which includes a personal workbook and educational fact sheets, is sent over nine months to maintain motivation and commitment. It outlines the causes and consequences of their condition, the benefits of effective management and how they can achieve them.

Patients obtain an enrolment card from the GP or nurse, then call an 0800 number to register. The first information pack is dispatched within five working days and eight further packs are sent at monthly intervals.

Your Heart heralds the launch of a long-term programme branded Cardiomark. When asked why pharmacists were not directly involved, a Pfizer spokeswoman said the aim was to restrict the project to GPs initially, to gauge its success. The scheme may be widened later.

Help line soon for homoeopathy

Consumers who are confused about homoeopathy will have access to a telephone help line from September.

Qualified homoeopaths will staff the lines between 8am and 8pm, seven days a week, to help consumers choose the right remedy.

Consultations are charged at £1.50 a minute but, according to a spokesman for Grassroots, the average consultation should cost less than a standard prescription charge.

Pharmacists who wish to receive in-store promotional material displaying the help line number should call Jessica West at Stream on 01635 516165.

Second survey for Northern Ireland pharmacists

Northern Ireland's chief pharmacist Dr Norman Morrow has initiated another community pharmacy survey, with two main objectives.

The first is to identify the conditions under which the management of minor ailments could move from GP surgeries to community pharmacies. The second is to explore the potential to introduce formal referral systems to and from pharmacists within the context of the wider health and social care team.

At its May meeting, the Pharmaceutical Society of Northern Ireland Council heard that the Workforce Planning Survey was complete. The role of technicians had been highlighted in the report.

NICPPET Commission 2001 PSNI was to write to NICPPET regarding the provision of courses for pharmacy pre-registration students.

Professor McElroy told the Council that the latest NICPPET Commission omitted the Management and First Aid Courses run for the Society's pre-registration students. Should the costs of these courses fall to the Society, it would incur a cost of about £10,000.

Chief executive Sheila Maltby was aware that there was a shortfall of approximately £90,000 in the NICPPET budget. As a result, NICPPET director Dr Terry Maguire had cut back on these courses, meaning the Society would have to take on this responsibility.

With the Council concerned that the First Aid course was very expensive, Mr Anderson said the Society would have to write constantly to the NICPPET Committee, reiterating what the Society needed from them.

However, Professor McElroy said that the Society needed to make

strong representation to the NICPPET Committee.

Past Presidents Committee The organisation of the Committee has been reviewed. A motion accepted by Council means the committee will be constituted of the immediate last three past presidents, whether Council members or not. Further, the committee will be required to meet quarterly. If one of the last three past presidents is unable to participate in the committee, the next past president in chronological order should be asked to join.

Pharmacy technician registration PSNI is to look at the possibility of becoming the registration body for pharmacy technicians. A small working group is being formed to explore the ramifications for the Society if this happened. Dr McClelland, Miss Friel and Mrs Singleton were asked to join the committee which is to report to Council. Dr McClelland was asked to take the chair. PSNI is also to write to the UCA and PCC to ask for nominations to the Committee.

DHSS&PS Community Care review The Department is in the process of reviewing the implementation of the community care policy, with a view to ensuring that adequate levels of service are available and preventing inappropriate hospital admissions and discharge arrangements. The President said he would prepare a response.

Clinical Governance Following a request from the President, a working group has been set up to produce a policy on Clinical Governance similar to that of the RPSGB. The committee is to be chaired by Mr B Kerr, with the following members: Ms AM Bowen, Dr B Bradley, and Mrs CA Fullarton-Healey.

Collection and delivery Dr M

Mawhinney, misuse of drugs inspector, DHSS&PS, had asked the Society to draw up a standard regarding pharmacy collection and delivery services as part of pharmacy inspections.

Code of ethics The Office of Fair Trading is to be consulted over minor changes to the Practice Guidelines - associated with the PSNI Code of Ethics - to take into account the demise of resale price maintenance to ensure the guidance remains within the terms of the Competition Act 1998.

IN BRIEF

Head lice a go go

A video demonstrating how to detect and attempt to remove head lice has been produced by Community Hygiene Concern. Priced £9.95, the video aims to provide "non-alarmist practical advice in easy to follow step by step stages using real people with real head lice". Copies are available from CHC, 6-9 Manor Gardens, London N7 6LA. Fax 0202 8292 7208 or see www.nifs.net.

Drug misuser statistics

There were 33,100 users reported presenting to drug misuse agencies on the six months to September 2000, an increase of 4 per cent on the previous six months. Heroin remains the most commonly reported main drug of use, accounting for 64 per cent of users. This is followed by methadone (10 per cent), cannabis (9 per cent), cocaine (6 per cent) and amphetamines (4 per cent).

Work and reproductive health

The Chemical Industries Association has published a booklet describing ways of protecting employees from risks to their reproductive health. Copies (£20 to CIA members and £40 to non-CIA members) are available online at www.cia.org.uk or from CIA Publications, Kings Buildings, Smith Square, London SW1P 3JJ. Tel: 020 7834 3399.

Moving forward with spasticity

An association, Moving Forward, has been established to generate greater public and political support for improved spasticity management. Further information is available from the website at www.movingforward.org.uk.

Herbal interaction conference planned

A conference is being planned to look at interactions between herbal and conventional medicines.

The one-day event, taking place in London on October 30, is intended for health professionals and complementary therapists and will address issues such as:

- adverse events
- why interactions happen
- use of the Yellow Card reporting scheme for conventional and complementary medicines
- the pharmacist's role in drug-herb interactions
- legislation.

A "think tank" paper will be presented, which looks at adverse event and interaction reporting systems and how they can be developed to bring together complementary and conventional medicines.

The conference is being organised by the Medical Education Partnership, in association with the National Pharmaceutical Association and the Doctor Patient Partnership, and will cost £170+VAT per person. More details are available from MEP, New Bridge Street House, 31-34 New Bridge Street, London EC4V 6BJ. Email: info@mepek.com

Enter the UniChem Great Business Awards now for fame, fortune, gala dinner and a fantastic convention trip for two.

could be you. You could be presented with the overseas convention trip. Or you could be collecting a £1000 holiday. And you could be enjoying it all, including the gala dinner and hotel accommodation, compliments of UniChem.

you could – if you enter.

TO JOIN OUR SHORTLIST OF CANDIDATES, SIMPLY TICK THE BOXES IN AS MANY CATEGORIES AS YOU WISH, AND FAX THIS FORM TO UNICHEM ON 020 8391 9694.

Promoting the Business

Which of the following have you used to publicise your business in the last 2 years:

- Newspapers ☐
 Local radio ☐
 Magazines ☐
 Door drops ☐
 Others ☐

Have you had articles published in the local paper about your pharmacy? YES/NO

Have you created your own web-site to promote the business? YES/NO

How do you use it? Price offers ☐ Advice ☐

How often do you change your shop window display?.....

Do you use it to reflect: Seasonal products ☐

- Price offers ☐
 TV promoted products ☐
 Professional services ☐
 Patient information ☐

Do you make use of point-of-sale material in your shop? YES/NO

Is this: Directional ☐

Category ☐
 Promotional ☐

Building Relationships in the Community

How frequently do you review the changing nature of the community you work in?

- Monthly ☐ Quarterly ☐
 Twice a year ☐
 Constantly ☐

Do you offer any of the following community services:

- Nursing home monitored dosage ☐ Prescription collection and delivery service ☐
 Oxygen deliveries ☐
 Other ☐
 Please specify:.....

Are there any other specific community services you provide?

Have you involved yourself in the local community via sponsorship? YES/NO

Do you run healthcare discussion groups? YES/NO

Have you established links with Community Nurses? YES/NO

Are you involved in any other community initiatives? Please specify:.....

Business Development

How long have you owned your pharmacy:

- 1 year ☐ 2 years ☐
 3-4 years ☐
 Over 5 years ☐

Have you ever done a re-launch of the pharmacy? YES/NO

Have you expanded the size of your pharmacy? YES/NO

Have you invested in IT Management systems? YES/NO

In conjunction with **community pharmacy** magazine.

Name

Address of business

Postcode Telephone

Count No. CP

SERVICE + INNOVATION + EXCELLENCE + PARTNERSHIP

Entry is open to all independent pharmacists. The Awards will be independently judged. Closing date for entries is August 31st 2001. The decision of the judges is final and no correspondence will be entered into concerning the results.

UniChem Ltd, UniChem House, Cox Lane, Chessington, Surrey KT9 1SN



UniChem
 Delivering Healthcare

**Thank you
 Mrs Teasmold.**

**Thank you
 Mr Purves.**

**Thank you
 everyone in
 Barnsbury.**

Thank you....





A cold sore offer made possible by you

For years you have recommended Zovirax to kill the virus at tingle phase.¹

But blisters also contain viral infection.

The good news is Zovirax also kills the virus at blister phase.²

So you've got something special to offer for blisters too.

EASY RUB-IN FORMULA



aciclovir

Zovirax Product Information

Presentation: 5%w/w aciclovir in water miscible cream base. **Uses:** Cold Sore treatment. **Dosage and Administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days.

Contraindications, Warnings etc: Zovirax Cold Sore Cream is contraindicated in patients known to be hypersensitive to aciclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side and adverse effects:** Transient

burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Recommended selling price:** 2g tube - £5.79, 2g pump - £5.99. **Product Licence Number:** PL 0003/0304. **Licence Holder:** The Wellcome Foundation Limited, Greenford, Middlesex UB6 0NN. **Legal category:** P. **Further information available on request**

from: Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Wallis House, Great West Road, Brentford, Middlesex, TW8 9BD. **Date of preparation:** May 2001. ZOVIRAX is a registered trademark of GlaxoSmithKline Group of Companies.

References
1. Van Vloten WA *et al* J Antimicrob Chemother 1991; 27: 123-30.
2. (Suppl B): 89-93. 2. Data on file, GlaxoSmithKline, 1999.



Script specials



IN BRIEF

Generics adds propranolol

Generics has launched 10mg, 40mg, 80mg and 160mg propranolol tablets. NHS prices for a 28 tablet pack are: 10mg £0.59, 40mg £0.65, 80mg £0.48, 160mg £1.18.

Generics (UK) Ltd.

Tel: 01707 853000.

Ceftriaxone from Genus

Genus has added ceftriaxone to its portfolio. NHS price for 1gm vial is £9.95 and for 2gm infusion bottle £19.95.

Genus Pharmaceuticals.

Tel: 01635 568400.

Bulk packs of Melleril to end

Novartis is discontinuing its 1,000 tablet bulk packs of Melleril (thioridazine) when current stocks are exhausted, which is expected to be by August.

Novartis Pharmaceuticals UK Ltd.

Tel: 01276 698596.

First of new class of antibiotics shows promise

Ketek (telithromycin) from Aventis, the first in a new class of antibiotics called ketolides, looks a promising option for chest infections in the community, including those that have become resistant to penicillin and other antibiotics.

Ketek has demonstrated excellent in vitro activity against European respiratory pathogens acquired in the community, data from the international PROTEKT (Prospective Resistant Organism Tracking and Epidemiology for the Ketolide Telithromycin) study presented at the 22nd International Congress of Chemotherapy in Amsterdam reveal.

Ketek has been developed to treat upper and lower respiratory tract infections including those caused by resistant pathogens with a short once-daily regimen.

In March, Aventis received a positive opinion from the Committee for Proprietary Medicinal Products, recommending a market authorisation for Ketek for use in treating community acquired pneumonia, acute exacerbation of chronic bronchitis, acute sinusitis and tonsillitis/pharyngitis.

New hydropolymer wound dressing

SSL International has launched Avance, a new hydropolymer dressing suitable for use on all exuding wounds.

It uses Bacti-Shield technology, which bonds a silver compound evenly through the dressing. The silver acts as a broad spectrum anti-microbial, which kills the bacteria that cause problems in wound healing. Silver ions kill the bacteria and stop them from entering the wound.

Avance will also lower the bacterial load in colonised wounds and help to speed healing.

The dressing, which is available on the Drug Tariff, comes in adhesive - Avance A - and non-adhesive Avance variants.

The adhesive dressing comes in four sizes, the non-adhesive in three.

SSL International.

01565 625192.

Gluten-free pasta range extended

SHS International has extended the Juvela gluten-free range with four varieties of pasta - fusilli, spaghetti, lasagne and macaroni.

The range will be available from mid-August, both on prescription for patients with coeliac disease and dermatitis herpetiformis, and over the counter.

The prices of the new products are as follows: fusilli 500g x 6 £29.04 (trade); spaghetti 500g x 6 £29.04; lasagne 250g x 6 £15.25; macaroni 500g x 6 £20.04.

SHS International.

Tel: 0151 228 1992.

MEDICAL MATTERS

Class effect reported for statins in CHD

The efficacy of statins in preventing coronary heart disease (CHD) appears to be a class effect, doctors were told recently.

Although the drugs differ in their chemical structure and particularly in their pharmacokinetic properties, all major statin trials have shown a consistent 25-35 per cent reduction in relative risk of CHD, in both primary and secondary prevention. Dr Michel Farnier (department of endocrinology and lipidology, Point Medical Clinic, Dijon) told the 3rd International Cerivastatin Symposium, held in Monte Carlo at the end of June.

There was a linear relationship between LDL-cholesterol levels and reduction of cardiovascular events, at least down to LDL levels of 2.6mmol/L. The benefit of further LDL lowering was not yet established.

Dr Farnier pointed out that although lipid lowering was the main effect of statins, the drugs also appeared to have other actions. These included possible stabilisation of vul-

nerable atherosclerotic plaque and reduction of C-reactive protein, an inflammatory marker.

The contribution of these non-lipid effects to reduction in cardiovascular events was still speculative. And it was not known whether there was any difference between the various statins in terms of these effects.

Possible extravascular effects of statins include stimulation of bone formation, with potential application in osteoporosis. This is being investigated as part of a cerivastatin clinical trial in post-menopausal women. There have also been suggestions of possible anticancer effects.

The non-lipid vascular effects suggest that statins might be useful in acute myocardial infarction. At present, the drugs tend not to be used until around three months after MI. But some doctors now believe that early use, at the time of hospital admission, might help to reduce infarct size. Clinical trials are underway.

The importance of identifying

patients who will benefit most from statin therapy was emphasised by Dr Juan Jose Badimon (Mt Sinai School of Medicine, New York). "We don't want to put statins in the tap water, but we do need to be able to identify high risk patients and to give the drugs to them," he said. The higher the risk, the greater the benefit from treatment.

In another session of the symposium, the importance of triglycerides as an independent risk factor for coronary heart disease was emphasised.

"Triglycerides should be included in a patient's lipid analysis," said Professor Luc Van Gaal (Antwerp University).

He said that cardiovascular risk was substantially increased when triglycerides were high in patients with elevated LDL cholesterol. Although fibrates were traditionally used to treat hypertriglyceridaemia, it was now clear that statins could reduce elevated triglycerides in patients with mixed dyslipidaemia, with the triglyceride lowering being parallel to LDL lowering potency.

Extended anti-clotting treatment is best after hip surgery

Patients who have had hip or knee replacement surgery have a substantially reduced risk of venous thrombosis if they are given extended anti-clotting prophylactic treatment after surgery and discharge from hospital.

These are the findings of a meta-analysis of nine studies involving

about 4,000 patients by Dr Daniel Quinlan of King's College London, and colleagues from Australia and Canada, reported in *The Lancet*.

The optimum duration of the prophylactic treatment is still uncertain. But it was found that extended treatment with heparin for 30-42 days sig-

nificantly reduced the frequency of symptomatic venous thromboembolism compared with controls (1.3 per cent compared with 3.3 per cent). There was also a significant reduction in venographic deep vein thrombosis without symptoms (9.6 per cent compared with 19.6 per cent).



Counterpoints



New antacid offers fast relief

Johnson & Johnson MSD will launch a GSL treatment for heartburn, acid indigestion and excess acid into pharmacies and grocers in September.

Pepcidtwo is already available in the US, France and Ireland. It is a combination product containing antacids (calcium carbonate 800mg, magnesium hydroxide 165mg) and an acid-balancer (famotidine 10mg).

The chewable tablet is formulated to neutralise acid within two minutes and to provide long-lasting relief for up to 12 hours.

Dosage is one tablet for adults and children aged 16 and over. The dose can be repeated if symptoms return, but sufferers should not take more than two tablets in 24 hours.

The company plans to support the launch with a major campaign likely to include TV advertising (full details will follow in August).



There are no plans to discontinue Pepcid AC. However, David Mitchell, commercial director for Johnson & Johnson MSD, says: "The company's support will be behind Pepcidtwo, as it offers superior relief."

The product will be available in two pack sizes retailing at £2.25 for

six tablets and £3.85 for 12 tablets.

A two-tablet trial pack (rsp around £0.50p) will also be introduced for the launch period. PoS material will be available for in-store use.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

Open wide for six natural health sprays

Ecobrand is introducing an Italian range of natural therapeutic sprays for oral use into independent pharmacies.

Aromist Health Sprays contain a blend of organic oils suspended in Acacia honey. The products are sprayed directly into the mouth for maximum absorption and effectiveness (a common method in other parts of Europe).

The sprays are designed to work in the same way as homeopathic medicines, offering a gentle and natural solution to the healing process.

The range comprises six remedies formulated to provide relief from specific symptoms whilst strengthening the immune system.

Products include Arobronic for chesty coughs, Arogorge for sore throats, Arophen for headaches, Arodigest for digestion problems, Arostress for stress-related problems and Arofen for menstrual tension.

Retail price is £7.99.
Ecobrand Ltd.
Tel: 020 7460 8101.

How to cushion the blow of PMT

Aromatherapy Products is launching a PMT cushion and PMT Oil Blend to combat the discomfort of pre-menstrual tension.

The Tisserand Aromatherapy cushion contains wheat berries and can be heated in the microwave. After heating, the oil blend is applied to the cushion to release a soothing aroma.

Retail price is £17.99 (including one bottle of Oil Blend). The Oil Blend retails at £5.99 for 9ml.

● Lavender Cream Body Wash (rsp £6.99) is also being launched in the Tisserand Aromatherapy range. The body wash can be used in the bath or shower, and combines lavender with essential oils, natural moisturisers and cleansers.

● A Nursery Vaporiser is new in the Baby Bliss range from the same company. The vaporiser is used with Nursery Oil, a combination of lavender and sweet orange, to create a sense of peace and calm to relax and soothe a restless baby. Retail price for the vaporiser is £26.99.

Aromatherapy Products Ltd.
Tel: 01273 325666.

Something to make the eyes sparkle

Crookes Healthcare is launching eye-brightening drops into its Optrex Fresh Eyes range.

Optrex Fresh Eyes Brightener contains the same soothing and re-hydrating formulation as Fresh Eyes drops, with the added benefit of helping to give bright, sparkling eyes.

The formulation is balanced at the natural pH level of tears to make it gentle on the eyes. The drops can be

used in the morning or when needed.

Retail price is £3.65 for 8ml.
Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Carefree sunshine days are here

Johnson & Johnson MSD Consumer Pharmaceuticals is supporting its Imodium Plus antidiarrhoeal brand with summer TV advertising.

The commercial features a woman walking in the sunshine. The headline is "Makes a walk in a park a walk in the park" to illustrate the confidence and pleasure of not having to worry about diarrhoea.

The campaign is part of a £2.5 million promotional spend for the brand this year.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.



Gold seal for Pharmaton

Boehringer Ingelheim is introducing a new look for its Pharmaton treatment to help relieve daily fatigue.

The packaging for Pharmaton Capsules has a gold foiled seal on the front, highlighting the ginseng G115 extract, but retains the orange and blue livery of the Pharmaton brand.

The eye-catching packs are designed to provide stronger communication and to attract new customers to the brand.

Rsp is £8.99 for 30 capsules, £21.99 for 100 capsules.
Laser Healthcare.
Tel: 01202 780558.

Diflucan™ One. Thrush nil.



Fast, effective oral treatment of vaginal thrush in one capsule. £12.50.

www.thrushadvice.org

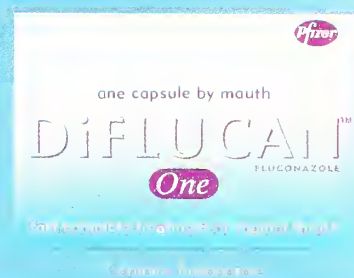
Always read the label. Consult your doctor.

You win.

You win because your customers will thank you for recommending Diflucan One. It's the one you recommend because it works; fast, effective one capsule oral treatment. Even more customers will be thanking you soon.

We're spending nearly £2 million on advertising throughout 2001. Our campaign in women's magazines will continue to reflect the cool silver and blue of our pack.

Thanks to you, Diflucan One is the biggest single thrush treatment you sell. Thanks to you, everyone's a winner.



Diflucan™ One (fluconazole) **Presentation:** Capsule containing 150 mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years): one oral capsule. **Contra-indications:** Hypersensitivity to fluconazole; co-administration of terfenadine, cisapride. **Warnings:** Adequate contraception necessary, not recommended whilst breast-feeding. Consult your doctor before taking if you have jaundice, liver, kidney or other chronic illnesses. **Interactions:** Relevance to single-dose use not yet established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifabutin, rifampicin, salimus, terfenadine, theophylline, zidovudine. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, headache, rash and rarely anaphylaxis. **Legal category:** [P]. **Package quantity and price:** Pack containing one 150 mg capsule, £7.12. **Product licence number and holder:** PL1906/0017, Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. **Date of preparation:** February 2001.

*IR data Dec 2000. Thrush Advice Bureau 020 7285 5520. www.thrushadvice.org

Keep in the picture for summer

Kodak will support its Kodak Pictures Film Processing Service with a £1 million national TV campaign over the first two weekends of August.

Traditionally, this is when film processing hits its peak over the summer period.

A new commercial will feature a forthcoming added-value promotion offering up to £2 off Kodak Pictures Film Processing.

The promotion will run from July 23 until August 23. It includes £1 off film processing plus a further £1 off accompanying Kodak Picture CD orders.

Kodak Ltd.

Tel: 01442 261122.

IN BRIEF

Sweet talk

Silver Spoon Sugar is extending its Nothing Comes Closer to Sugar artificial sweetener range to include a convenient 40g granulated jar for the independent chemist sector. Retail price is £1.45.

Ceuta Healthcare.

Tel: 01202 780558.

Bubbling up

MPM Consumer Products is launching a foam bath range aimed at girls in their teens and 20s. The range has six variants – Pineapple Spring, Tangerine Zest, Grapefruit Splash, Raspberry Ripple, Vanilla Sparkle and Chacalate Orange Gloop (rsp £1.99). **MPM Consumer Products.**

Tel: 0161 231 6111.

Purple pressies

Baylis & Harding is introducing a purple and pink gift collection inspired by ethnic influences for Christmas 2001. "Annabel's Secret" collection ranges from luxury bath crystals in satin pouches to a wire gift bag set complete with a selection of toiletries. Retail prices range from £1.49 to £9.99.

Baylis & Harding

0121 359 0099

Be on your guard

Masi-guard International has produced a Masi-guard Natural guide to avoiding insect bites for holidaymakers. "Be on your Guard" explains which insects bite and some of the diseases they carry. The guide is for distribution through independent pharmacies.

Mosi-guard International.

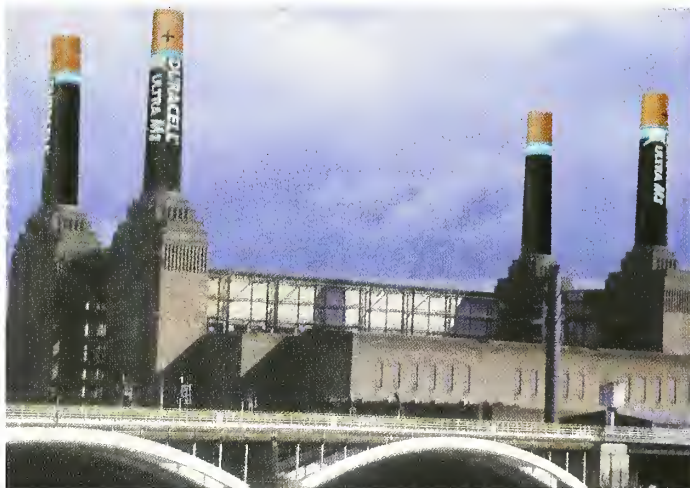
Tel: 0113 2387502.

SUPERMARKET SWEEP

Average unit price	Asda		Sainsbury's		Tesco	
	23rd June 2001	30th June 2001	23rd June 2001	30th June 2001	23rd June 2001	30th June 2001
Nurofen tablets 16s	1.14	1.14	2.29	2.30	1.14	1.14
Anadin Extra 16s	2.15	1.34	1.08	1.08	1.29	1.29
Rennie 24s peppermint	1.26	1.19	1.69	1.69	1.19	1.19
Benylin Chesty Cough	2.71	2.71	3.39	3.39	3.40	3.40
125ml non-drowsy						
Sanatagen Gold A-Z 90s	4.98	4.98	9.99	9.99	4.98	4.98
Calpal Sugar Free	1.37	1.37	2.75	2.75	2.75	2.75
10X5ml sachets						
Vicks Vaporub 50g	2.99	2.98	2.99	2.99	2.99	2.99
E45 cream 50g tube	1.85	1.85	1.89	1.89	1.85	1.85

A weekly review of data from Information Resources, which shows how key grocers are reacting to the abolition of RPM

Duracell lights up London



Duracell's new Ultra M3 alkaline battery was the focus of attention among Londoners this week thanks to a novel and eye-catching advertising idea.

The company converted the four chimneys of Battersea Power Station into four giant replica Duracell Ultra

M3 batteries for three days this week.

Four cranes were required to position the vinyl covers on the chimneys, which stand 102m high.

Around 2 million people saw the advertising stunt each day.

Duracell (UK) Ltd.

Tel: 020 8560 1234.

ON TV NEXT WEEK

Anadin Ultra: All areas

Aqua Protect plasters: All areas

Clearasil: HTV, CTV, W, M, LWT, CAR, C4

Daktarin Gold: C4, C5, ITV, Sat

Imodium Plus: All areas + C5

Lloydspharmacy: C, W

Magicool: B, G, Y, M, TT, GMTV

Odor Eaters: All areas

Panadol: U

Regaine: Sat

Scholl: C, CAR, W, U

Sensodyne toothpaste: All areas

Wella Vitality: All areas except GMTV, TSW

Witch Skincare: All areas

Pharmasite for next week: Yariba – Window, Visualize – In-store,

Canesten Once – Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Fragrant appeal for body 'n' home

Woods of Windsor is launching two fragrance collections for the body and home designed to widen its appeal to consumers aged 35 upwards.

The Tea Therapy collection is created around the properties of green tea extracts. It has a zesty fragrance with citrus top notes of bergamot, fruity blackcurrant and refreshing green tea.

The range comprises 11 products including leaf-shaped soaps, edt, moisture bath milk, energising shower gel and glass filled candles.

The Aromatherapy Lavender collection is designed to encourage a feeling of well-being through a holistic approach to body care. Its nine products have a sweet, fresh floral scent with herbaceous and balsamic undertones.

Available from September, the products include skin soother, pure essential oil, salt and body scrub, incense sticks and aroma candles.

Retail prices for both collections range from £4.95 to £14.95.

● New packaging will also be introduced for existing Wood of Windsor fragrance lines – Lily of the Valley and Lavender.

Woods of Windsor Ltd.

Tel: 0118 931 3820.

Charlie goes with its Instinct

Revlon is adding a new fragrance to its Charlie range this summer.

Charlie Instinct is a sensual scent combining spicy pink peppercorns with effervescent notes of mandarin and strawberry and feminine florals.

Presented in fresh aqua blue packaging, the fragrance is available in three sizes of edt and a body spray.

Retail prices range from £1.99 for the body spray to £11.95 for 50ml edt.

Revlon International Corporation.

Tel: 020 7284 8700.

DOUBLE WWWHAM-Y



New, **pharmacy only**, double strength (10% ibuprofen) gel.

Product information. Nurofen Gel Maximum Strength: Gel for topical administration containing ibuprofen 10%w/w. **Indications:** For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, rheumatic and muscular pain, sprains, strains, sports injuries and neuralgia. **Dosage:** Adults, the elderly and children over 14 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in any 24 hours is four. Wash hands after each application. The dose should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14

years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis, b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal: abdominal pain, dyspepsia. **Product Licence Number:** PL 10972/0082. **Licence Holder:** Goldshield Group PLC (trading style: Goldshield Pharmaceuticals), NLA Tower, 12-16 Addiscombe Road, Croydon CR0 0XT. **Legal Category:** P. **Price:** MRP £5.25. **Date of preparation:** June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.



Suncare sales take a nap in the shade

In a series of product category reviews, Information Resources analyses the suncare market in pharmacies. Each month, an expert from a different pharmacy group comments on how the product category is performing

The suncare category seems to be cooling down for pharmacies, with value and volume declining by 19.7 per cent and 24.9 per cent respectively.

In the UK, the wettest autumn on record since 1766 was a catalyst for

the increase in people taking late holidays abroad – a likely explanation for September and October being the only two months to experience growth last year.

Ambre Solaire dominates the category with sales of £2 million, and although experiencing a value decline of 8 per cent, this was the smallest decline of all the major protection brands.

Nivea remains the closest rival to Ambre Solaire, with sales in excess of £1.2m. Riemann was the only protection brand in the top 10 in value growth (+28.4 per cent) – a sign that the supermarkets' strategy of

focusing on health and beauty sectors through promotions and price cutting is working.

As awareness increases about the importance of protecting your skin from the effects of the sun's UV rays, it is no surprise that the only sector to experience growth (+21.5 per cent) was from products offering artificial tanning.

Sales of the innovative Tantowel doubled in the past 12 months, pushing the brand into the top 10.

Spray triggers growth

Continuing a trend towards convenience products, protection in

spray form triggered a total growth of 127.5 per cent to take a 14 per cent share of the protection market.

Ambre Solaire Spray Protection performed well and is now the fifth best selling product at sub-brand level.

In an attempt to brighten up the children's sun protection market, new products have included high factor creams and sprays that are vibrantly coloured when applied and disappear when smoothed into the skin.

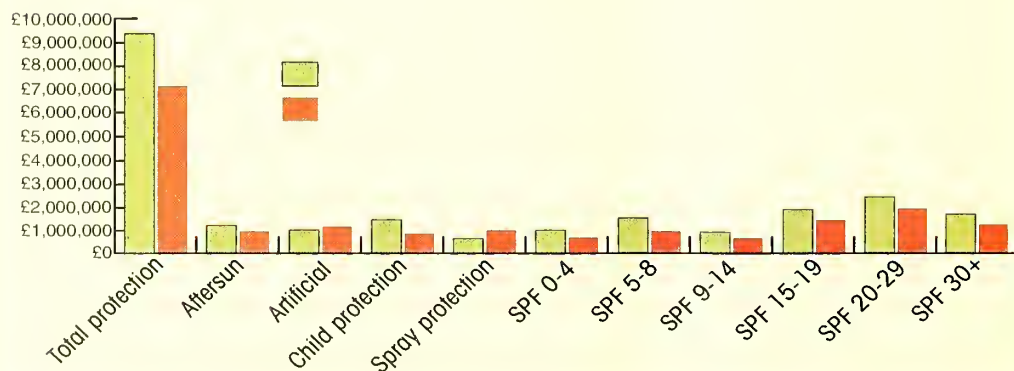
Outperforming all other children's brands is Ambre Solaire Kids. Pampers launched into the suncare market in March this year with its Sunnies UV Wipes, the first of its kind in this convenient format.

The trends in suncare are consistent with consumer lifestyles across many markets. Convenience remains key, indicated by the growth of the spray format and the innovation of wipes.

Meanwhile, increased awareness of the health risks involved in tanning has led to an upsurge in the artificial tanning sector, and higher levels of growth in the higher protection factor products.

Suncare categories in chemists

Value sales % change vs year ago in chemists excl. Boots



Top pharmacy products

1. Ambre Soloire (protection)
2. Nivea (protection)
3. Riemann (protection)
4. Uvistat (protection)
5. Molibu (protection)
6. Ambre Solaire (artificial)
7. Sun E45 (protection)
8. Coty Sunshimmer (artificial)
9. Tontowel (artificial)
10. Ambre Solaire (after sun)

information resources

Gordon Heeley, marketing development manager, Lloydspharmacy

“Lloydspharmacy is showing a healthy year on year growth in the suncare category.

Spray formulations, the medium to high factors and children's products are the highest growth areas.

There is a general shift away from lower factors and sun oils which emphasises our ethical healthy pharmacy stance.

Suncare product sales can fluctuate dramatically because they

are closely related to the weather in the early part of the season and the main sales are concentrated around the school holidays.

So, what looks like a poor season at the beginning of the summer can turn out to be the best on record and vice versa.

We offer our customers different promotions each month. Currently, there is a third off the price of Lloydspharmacy own brand Solero as well as Ambre Solaire, Nivea and Hawaiian Tropic.

Lloydspharmacy has PoS information on suncare which includes a free holiday health leaflet and an edge-of-shelf chart



Gordon Heeley

showing which SPF factor customers need depending on where

they are going on holiday and their skin type.

Lloydspharmacy is currently promoting the Imperial Cancer Research Fund's Sunsense campaign and raising money through in-store collections for the charity.

The future for suncare sales in Lloydspharmacy is positive because people are showing increasing concern for their health and the potential damage the sun can do to their skin.

Customers know they can get free expert advice on sun protection in a pharmacy and have the reassurance of buying a product to meet their needs.

Stay one step ahead in athlete's foot.



Unlike other athlete's foot treatments only Lamisil[®]AT Cream provides up to three months protection - after just one week

And only Lamisil[®]AT Cream is fungicidal right from the minute it's applied

So for effective, long lasting relief make sure your customers don't step out with anything less than Lamisil[®]AT



Terbinafine Hydrochloride

LAMISIL[®]AT CREAM - FUNGICIDAL RIGHT FROM THE START

Prescribing information: LAMISIL[®]AT. Presentation: Cream containing terbinafine hydrochloride 1.0 % w/w. Indications: For the treatment of athlete's foot and dhoobie itch. Dosage and administration: The cream is applied once or twice daily. The duration of treatment is one week for tinea pedis and one to two weeks for tinea cruris. Not recommended for children under 16. Contraindications: Hypersensitivity to terbinafine or any of the excipients. Precautions: External use, avoid contact with the eyes. Pregnancy and lactation: Not recommended during pregnancy or lactation. Side effects: Redness and irritation at the site of application. Discontinue treatment if an allergic reaction occurs. Category: P. Retail Price: £4.99 (7.5g tube) Product licence number: PL0030/0144 Product licence holder:

Novartis Consumer Health, Wimblehurst Road, Horsham, Sussex RH12 5AB.

Customer Careline 01403 218111 Fax 01403 323 919 Email customer.care@ch.novartis.com

07/2001

Mawdsleys drives south



As Mawdsleys, the UK's largest independent regional pharmaceutical wholesaler, prepares to open its new, multi-million pound depot at Milton Keynes, the company is using Chemex 2001 to give customers in the south a chance to see just what it can deliver.

A Mawdsleys van - a distinctive dark blue with the bright blue company logo - will be the centrepiece of the company's stand at the show, see picture above.

The company already serves more than 750 pharmacies in the North West, Yorkshire and the West and East Midlands from depots in Salford, West Bromwich and Sheffield and the new depot will expand its coverage as far as north London, east to Colchester and west to Bristol.

The new warehouse, on a 4.5-acre site, will incorporate the latest technology, including a semi-automated picking line. As well as the warehouse, there will be an office development providing a southern base for Positive Solutions, the EPOS systems provider.

A team including regional sales manager Nigel Milligan and business development managers Parmjit Mahay and Gary Marshall has been appointed to introduce the company to new customers in the south.

Robert Harwood, Mawdsleys' commercial director, said: "We currently operate as far south as Oxford, but the new depot, which is at the centre of an excellent transport network, allows us

to offer a twice daily service into London, where the choice of wholesalers is currently restricted to AAH or Unichem. Our entry into the market means that there is now a real third alternative.

"The investment we are making in Milton Keynes makes us a real choice and we are confident that our customer base will build very quickly. Mawdsleys is going from strength to strength."

The company's marketing manager, Philip Bradley, said: "Our new depot will be open by the time Chemex starts and we are looking forward to meeting new customers from the south as well as many of our existing customers."

Mawdsleys has also created its own Retail Development and Local Marketing Programmes. The Retail Development Programme offers refit advice, shop layout and planning, merchandising support, profit performance analysis, category management and planograms, while the Local Marketing Programme helps the pharmacy create its own local image, promote its business effectively and offers quarterly window display panels, monthly promotional offers and community information leaflets.

Customers interested in finding out more about the new depot in advance of Chemex should call Joanne Crompton on 0161 742 3355.

Sleek looks for darker skins

Sleek Cosmetics is back at Chemex to show its range of make-up especially for women with darker skins.

One of the highlights will be the recently launched Natural Cover Foundation (rsp £2.99). Sleek offers a range of foundations for skin tones from pale honey to deep mahogany, with products to suit not just skin colour, but also skin type, including oil-free, souffle, sheer matt and creme to powder products. To finish off, there

are blushers in six shades, traditional or translucent powders and a stick concealer in three colours.

The range also includes lip colour in matt and gloss finishes, lip pencils and liners and flavoured "lip cocktails" and glosses. For eyes, there are 11 shades of kohl, mascaras, pencils and shadows and for nails a range of quick drying polishes.

Sleek Cosmetics.
Tel: 020 8556 9066.

Arkopharma to unveil organic juice products

Arkopharma, the phyto medicines specialist, is planning something special for Chemex 2001.

The company, which is France's phytotherapy market leader, is exhibiting at Chemex for the first time this year and a spokesman promised plenty to interest visitors.

"We are not giving out details before the show, but we will be launching some new products in the organic juices range and there will be a really fun story for the children's market," she said.

"In addition, there will be a new product in the Phyto Soya range which will be relevant to women of all ages, not just those experiencing the menopause."

The Phyto Soya range is based on concentrated soya plant oestrogens and includes age-minimising cream and vaginal gel as well as capsules.

Arkopharma holds more than 244 product licences there for phytotherapeutic medicines in France, where it offers a vast range of products including vitamins and minerals, plant-based supplements and products designed to relieve common ailments.

In response to consumer concerns over the use of gelatin in capsules, the company developed Arkocaps, 100 per cent plant-origin capsules made from cellulose derivatives. The capsules, which have been marketed in France since 1997, are also free from gluten and preservatives.

Arkopharma.
Tel: 020 8763 1414.

Register for your tickets now

Visitors to Chemex 2001 can register in three easy ways:

- by telephone on 0870 429 4500
- by fax on 0870 429 4501
- online via the Internet. Just log on to the site: www.chemex2001.com.

Select Visitor Info and click on the Register button to go direct to the registration form where you fill in your details. One more mouse click submits your request.

The Chemex 2001 website also gives an up-to-date list of exhibitors, Chemex news and details about this year's venue, the state-of-the-art ExCel centre beside the Thames in London's Docklands. You will find information on ExCel's superb facilities for visitors and exhibitors and easy access to the centre by road, rail or air.

Inspiring

Chemex2001
ExCel • London

Pharmadass shows off its latest HealthAid lines

Pharmadass is back at Chemex this year with a bigger and better stand on which the company will be showing its range of HealthAid branded products and Pharmadass agency lines.

The company promises special show offers to those attending and the company, which has just moved to new purpose-built premises at Harrow, will also be offering supplies of its new HealthAid consumer guide, which lists all the HealthAid products as well as giving consumers advice on how to take supplements and how to store them.

Among the latest products to be highlighted at Chemex are:

● **HealthAid Herbal Lifestyle Liquids**, a 16-strong range of specific herbal liquid combinations to suit a broad spectrum of lifestyles and states of health. The products retail at £5.99 for 50ml.

● **HealthAid Hip & Thigh Formula** (£6.99 for 60 vegitabs), in distinctive "orange peel" packaging. The tablets contain traditional herbs and plant products including white willow bark, dandelion root, kelp, butcher's broom and guarana and are designed to help maintain healthy circulation to the skin and underlying tissues in the hip and thigh area.

● **Maxi-Lean CLA**, a conjugated linolenic acid product derived from natural sunflower and safflower oils. CLA has been the subject of trials in which it was found to be beneficial for dieters.

● **Super Orange** flavour Emer'gen-C mix drink, a Pharmadass agency brand from the USA, which contains 12 times the vitamin C content of orange juice, with only 10 per cent of the calories.

Pharmadass Ltd.
Tel: 020 8426 3400



RPM headache?



...take Cuprofen

Recommending Cuprofen is good for you and your customers. It's less expensive than the leading Ibuprofen brand, even with 50% off in supermarkets, so it still offers better value for your customers*.

What's more, Cuprofen is still **ONLY** available in pharmacy.

So next time a customer wants Ibuprofen, recommend Cuprofen, it'll help make everyone feel better.

Contact your SSL Representative for full details of the great deals available.



Further information is available from SSL International,
Toft Hall, Knutsford, Cheshire WA16 9PD.
Cuprofen is a Trade Mark of the SSL group.

*Based on Manufacturer's RRP



Cuprofen Abbreviated Product Information. **Presentation:** Pink, film-coated tablets containing Ibuprofen BP 200mg. **Indications:** For the relief of rheumatic, muscular, dental and period pains and pain in backache, neuralgia, migraine and headache and for the symptomatic relief of colds, flu and feverishness. **Dosage:** For oral use. Tablets to be taken preferably after food. **Adults and children over 12 years:** 2 tablets to be taken with water. Initial dose may be followed by further doses of 1 or 2 tablets every 4 hours. Maximum daily dose, 6 tablets in 24 hours. **Precautions:** Do not exceed the stated dose. Not suitable for children under 12 years of age. Consult your doctor if you are asthmatic, sensitive to aspirin or other NSAIDs, or are pregnant. Do not take if you have a stomach ulcer or other stomach disorders. Keep out of the reach of children. If symptoms persist, consult your doctor. **Legal category:** P. **Pack Quantities and RSP:** £0.99 per pack of 12 tablets, £1.25 per pack of 24 tablets, £2.25 per pack of 48 tablets, £3.99 per pack of 96 tablets. **Product Licence Holder:** Cupal Ltd, King Street, Blackburn BB2 2DX. **PL No:** 0338/0055.

Cuprofen Maximum Strength Abbreviated Product Information. **Presentation:** Pink, film-coated tablets containing Ibuprofen BP 400mg. **Indications:** For the relief of rheumatic, muscular, dental and period pains and pain in backache, neuralgia, migraine and headache and for the symptomatic relief of cold, flu and feverishness. **Dosage:** For oral use. Tablets to be taken preferably after food. **Adults and children over 12 years of age:** 1 tablet to be taken with water. The initial dose may be followed by further doses of 1 tablet. Not more frequently than every four hours. Maximum daily dose: 3 tablets in 24 hours. **Precautions:** Do not exceed the stated dose. Not suitable for children under 12 years of age. Consult your doctor if you are asthmatic, sensitive to aspirin or other NSAIDs or are pregnant. Do not take if you have a stomach ulcer or other stomach disorders. Keep out of the reach of children. If symptoms persist consult your doctor. **Legal category:** P. **Pack Quantities and RSP:** £1.45 per pack of 12 tablets, £2.25 per pack of 24 tablets, £3.99 per pack of 48 tablets, £6.99 per pack of 96 tablets. **Product Licence Holder:** Cupal Ltd, King Street, Blackburn BB2 2DX. **PL No:** 0338/0085.

Pharmacist **Malcolm Brown** suggests some techniques which may help the profession to...

... show a united front

There is a lot of talk about pharmacy organisations presenting a united front on political issues. Equally, there is a perception that efforts to create such a front have been ineffectual. Why is this the case, and what factors would enable pharmacy to present a solid front?

The sociologist E G Goffman said that people can be perceived as actors performing roles upon a stage¹, always careful of the face they show to others. As Shakespeare observed a few centuries ago: "All the world's a stage and all the men and women merely players."

The Royal Pharmaceutical Society, for example, may privately face another group, such as the National Pharmaceutical Association, as if in battle, but in public the two will present a united front to another party, such as government².

A complex of interacting factors will underpin this united front. These include shared aspirations (for example, becoming a "fully fledged" profession), atrocity stories (such as the abolition of retail price maintenance), clothing (generally formal), complaints, common opponents, heroes and heroines, and pageantry (such as conferences).

Other aspects include reference groups, such as the Royal College of Nursing, with which our organisations would like to have equal status. Then there are stage props, such as symbolic mortars and pestles, insignia (the title "pharmacist"), settings (the dispensary) and speech (usually articulate).

The wise ones

The groups also share the same "wise". The latter, according to Goffman's definition³, are people who are not of the group, but are intimately privy to the ways of that group. For community pharmacists "the wise" are pharmacy technicians and counter staff; for senior officers in pharmacy organisations, "the wise" include personal assistants or secretaries.

I suspect that most pharmacists would like the major pharmacy organisations to show unity in public,



Jason Bennett

Perhaps, somewhere, at the back of their minds, they remember the following story from *Aesop's Fables*: a frog and a mouse agreed to settle their claim to a marsh by single combat, but while they fought, a kite carried off both of them. The moral is still pertinent today.

One reason for the conflict between the two organisations is historical. In 1920, the Pharmaceutical Society's Council engineered a court case. Our forerunners felt that their Society could not do the jobs of both professional body and trade association well, so they decided to test their charter in court.

The judgment was that the Society could not, for example, negotiate business hours, wages and conditions

of employment. Almost immediately afterwards, the Retail Pharmacists' Union (later the National Pharmaceutical Association) was formed. Although it originally had a "trade union" focus, historical factors have made the situation more complex and the Association now also tends to foster commercial aspects of pharmacy.

Negotiating pay and conditions has become the province of the Pharmaceutical Services Negotiating Committee. Because of this background, The Royal Pharmaceutical Society, National Pharmaceutical Association and also Pharmaceutical Services Negotiating Committee have different functions, membership and mission statements,

although there is some overlap.

Over time, a specialist social group will tend to split into more specialised subgroups. The ancient medicine man was doctor, pharmacist and priest. Hippocrates was both physician and pharmacist. In the same way, each of the pharmacy organisations of today focuses on its own particular area of motivation.

This can lead to conflicts of interest. A professional organisation is expected to show a selfless interest in its clients, such as patients. A trade union's concern, on the other hand, is to protect its members by pressing for pay increases and better working conditions.

Bound to disagree

The RPSGB and PSNC have different battle cries: "Professionalise" and "remunerate" respectively. Because these institutions have different roles, which are not necessarily compatible, they are inevitably bound to disagree.

However, they also need each other and society needs them both. For example, organisations such as commercial companies and trade unions help to generate an economic surplus in a society. Without surplus, social services such as education or healthcare would be compromised.

Rivalries between organisations do have some positive results. External conflict seems to lead to solidarity within, as members close ranks against the enemy and individuals develop an *esprit de corps*. Undertaking the same sort of activity, associated interactions and shared sentiments also tends to draw people together.

Post-holders, in particular, will work to make their own organisation succeed; although their dedication is usually genuine, they also have an economic motive. Their careers, salaries, job security and pensions depend on its survival.

To maintain these, they must clearly show that their organisation is better than, or different to, the others.

Any institution will focus on the purpose for which it was created and its members and officials will insist on the validity and importance of its aims.

In itself, this is neither good nor bad, it is simply the way groups behave. Difficulties tend to arise,

however, because each group can only see the solution to a problem from its own particular specialist bias. Like a child with a hammer who thinks everything is a nail, each has a particular "definition of the situation".

This can lead to "group think", where members rationalise their shared viewpoint and reassure each other that it is right; dissenters remain silent because they are afraid to disagree publicly. This is where it is beneficial to have a second

institution, which will challenge these received views.

The RPSGB, for example, which is keen to extend the pharmacist's role, might need to be reminded that most pharmacists' core activity and source of income will probably continue to be dispensing in shops.

Professional organisations are very influential in society and

though we complain about them, we often revere them. To pharmacists, for example, the Royal Pharmaceutical Society is a source of professional strength.¹ Without it, we would feel unprotected. Imagine how you would feel were you suddenly struck off.

If all the major pharmacy organisations could present a strong and united front, their combined influence would be considerable. How can this be achieved?

If the organisations could keep their skirmishes with each other private, it would be a good start. Perhaps they should try harder to make their performance appear co-operative and disciplined, like a troupe of acrobats in a circus ring. However, the performance should not be so immaculate that it is dismissed as mere "spin", an impressive veneer with very little substance.

There is unlikely to be public unity unless each organisation feels it will gain something from it.

Perhaps people from each organisation who have the same specialism could work together on certain projects. This would create links and a shared understanding which would increase the chances of unity.

Games theory is very relevant to the bargaining strategies necessary if unity is to be achieved and there are various exercises on which it is based. Some joint workshops might be helpful.

Group dynamics theory also offers some tips to encourage a harmonious whole. These include techniques to

reduce tension, build solidarity, emphasise agreement on fundamentals whenever possible, discharge aggression and raise morale and mutual esteem. The RPSGB Council has already experimented with "bonding" sessions, according to the grapevine.

Pharmacy's elite already, to some extent, interlocks. Some people may serve on the governing bodies of more than one organisation. They understand more than one viewpoint and speak from a broader perspective.

These people are a resource that should be fully exploited. There should always be a pre-meeting before important meetings, with the government or other important bodies, as a matter of routine.

Unanimity

An external mediator to help resolve conflicts and highlight points

of agreement might help to increase the chance of unanimity.

Most pharmacists can see that unity is needed, but we are a little like the mice in *Aesop's Fable*, who asked a wise owl how they could stop the cat eating them. "Put a bell on the cat," said the owl.

Off went the mice, but soon returned. "How do we put a bell on the cat?" the mice asked. "Ah! That is implementation. I only give policy advice," the owl said.

Perhaps our major organisations are more effective than we think. Perhaps the most effective negotiation with important groups, such as government, occurs behind closed doors.

Suppose we knew, officially, of "behind the scenes" negotiation: then those discussions, and any outcomes favourable to pharmacy, might be less likely to occur.

References

- 1 Goffman E G. *The Presentation of Self in Everyday Life*. London: Penguin Press; 1969.
- 2 Paton R, Chidsey K. *Organisational Conflict in Systems Organisation: The Management of Complexity*. Milton Keynes: Open University; 1980.
- 3 Goffman E G. *Stigma*. Harmondsworth: Penguin; 1968.
- 4 Holloway S W. *E Royal Pharmaceutical Society of Great Britain 1841-1991 a Political and Social History*. London: The Pharmaceutical Press; 1991.

"Games theory is very relevant to the bargaining strategies necessary for unity"



When
your
customer
is
suffering
from
diarrhoea

What
do you
recommend
?

Colin Deeney, a pharmacist practising in Bermuda, mulls over how he could have done more for asthma patients

The Bermuda angle

When I was managing a pharmacy attached to a medical practice in Scotland, in

the mid-1990s, I knew that one of the nurses next door had a Diploma in Asthma Care and ran an asthma clinic.

I had no doubt that she gave her patients excellent advice, but I had no idea what was said or done in her clinic. I continued to give advice to patients with asthma, when I thought it appropriate and as time dictated.

Of course, pharmacists are educated in asthma care and there are updates available to keep them abreast of current developments, but I had become complacent about my own understanding and practice in asthma care.

With so many more interesting things to read in journals and continuing education booklets, I simply skipped asthma-related topics.

I believed that by the time patients saw a pharmacist, they had already had a full explanation and education from the doctor, and had often consulted an asthma specialist nurse as well.

Pharmacists often work in isolation, particularly in community pharmacy, isolated not just from other pharmacists, but from other health professionals. Although I was giving appropriate advice on asthma, I am now sure it was little compared to what was given at the asthma clinic. It was appropriate, but perhaps not adequate.

And I wouldn't have been alone in that respect, if the results of the *Impact of asthma survey*¹ are anything to go by. Over 52,000 asthma sufferers responded to this survey, which was carried out by the National Asthma Campaign in 1996. When the respondents were asked what sources of information about asthma were available to them when they were diagnosed, and how much they learned, the figures suggested that pharmacists could do more.

Only 24 per cent said that the pharmacist was a source of information and of those, only 13 per cent said they learned a "lot" or "quite



St George's, Bermuda: despite the island's subtropical climate, asthma is still a common problem

a lot". These figures are low, especially when compared with other health professionals included in the study (see figure 1).

Over half (53 per cent) of the 38 per cent of patients who received advice from their practice nurse felt they had learned "a lot" or "quite a lot". Of the 85 per cent of patients who received advice from their GPs on diagnosis, less than half (40 per cent) said they had learned "a lot" or "quite a lot" from them. Interestingly, although only 13 per cent of patients learned about asthma from educational leaflets, 49 per cent felt they had learned "a lot" or "quite a lot".

It is reasonable to assume from these figures that pharmacists could give more extensive and useful information, given that 47 per cent of respondents said they wanted more information about treatment.

The survey also found that 42 per cent of the respondents felt they experienced asthma symptoms every day or on most days, and 71 per cent at least once a week; 44 per cent said they were woken at night at least once a week by a cough, wheeze or breathlessness.

Even more telling is the fact that 12 per cent of respondents had visited hospital for emergency treatment within the previous year. The survey was aimed at people who had already had asthma diagnosed.

Underdiagnosis or misdiagnosis of

asthma and COPD has also been reported as a problem.^{2,3}

Asthma is a common and chronic disease. If these figures still hold true, community pharmacists must often come across clients with undiagnosed, misdiagnosed or poorly controlled asthma. We could do more; a recent report has suggested that, in the past year, only 8 per cent of patients with asthma received any advice from a pharmacist.⁴

Some of the research published on

the value of the community pharmacist's role in asthma care is encouraging.^{5,6} It is possible, however, that the pharmacists involved may have been motivated by the fact that they were being assessed.

A more recent study⁷ found, encouragingly, that pharmacists were recognising patients with poorly-controlled asthma and referring them appropriately.

I consider that while we must know the boundaries of our remit, we must not refer patients to someone else if the problem is within those boundaries.

The Royal Pharmaceutical Society has produced a practice guidance book to promote and encourage pharmacists as a valuable source of asthma education and management. The profession has also been promoted as a help to other healthcare workers.^{8,10}

Having read these documents, I am under the impression that much of what they encourage is similar to what we are trying to achieve in Bermuda.

In the mid-1990s, I did not always consider that the advice I gave was adequate, but, given the time restraints, I assumed it was consistent with best practice and with the

Information Sources at Diagnosis

Sources of information received about asthma when diagnosed and how much learnt

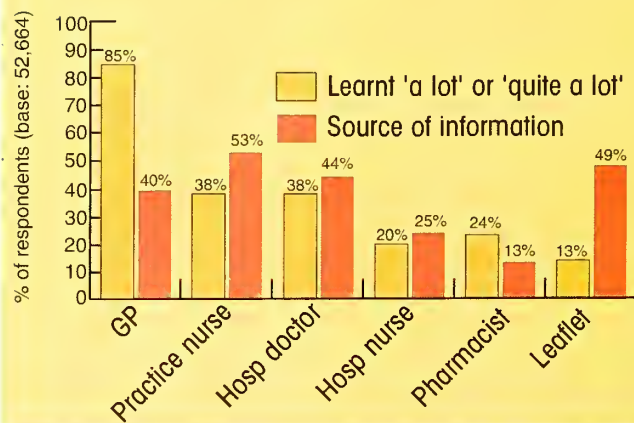


Figure 1: although most patients in the survey received advice from GPs, less than half learnt a lot from them. *Impact of asthma survey, 1996*

advice the nurse next door was giving.

Little research has been undertaken in Bermuda to establish the prevalence and incidence of asthma on the island. The number of people diagnosed with asthma continues to rise, in common with other developed countries, but hospital admissions for asthma in Bermuda have fallen since the early 1990s. As asthma admissions are always unplanned, they can all be considered emergencies.

In my opinion, this is not a chance reduction, but the result of a better understanding and focus on asthma by health professionals in Bermuda. In 1991, Liz Boden, a practice nurse, undertook the Diploma in Asthma Care accredited by the National Asthma and Respiratory Training Centre (NARTC) in Warwickshire.

On her return, she started an asthma clinic in a local doctor's practice and initiated a personal campaign to educate both health professionals and patients about asthma. In 1994, Ms Boden and one of her nursing colleagues set up a business called The Nurses' Practice.

Although they were offering prenatal and parenting classes, Ms Boden wanted to continue developing the asthma clinic. By leaving the doctor's practice, she was able to give the benefit of her expertise to even more asthma patients. However, she gradually realised that she and her partner alone would not be able to overcome the lack of understanding and information apparent among Bermudian asthmatics.

Two of the biggest obstacles to multidisciplinary healthcare are protectionism and money. Ms Boden has refused to be swayed by these factors and has encouraged and tutored other nurses and health professionals to help her to educate people with asthma, to improve their quality of life.

So far, 61 health professionals have passed the NARTC Diploma in Asthma Care. These include pharmacists, doctors, physiotherapists and nurses, from areas ranging from intensive care to GPs' practices. The vision initiated by Nurse Boden, and now endorsed by all these healthcare workers, is that people suffering from asthma in Bermuda should be getting a consistent message from all healthcare workers.

Obviously, not all healthcare professionals have the time or means to ensure that patients are given an adequate education and explanation of their asthma. Equally, not all health professionals are involved in every decision regarding the best treatment for the individual patient.

However, all the health professionals are receiving the same education and support from the

NARTC and therefore have the same key information and strategy.

This multidisciplinary approach is encouraged in the RPSGB's latest practice guidance book. It states that "multi-disciplinary working is essential to help deliver the best care to patients with asthma and COPD. The guidance encourages pharmacists to become fully integrated with the healthcare team, using their expertise and skills to enhance the level of care for this group of patients".

The main aims in Bermuda have not been to develop seamless care, although that could be an aspiration for the future. Rather, they are to ensure that we are all reinforcing and complementing the advice of other health professionals.

Although we work in different environments and professions, we can also complement each other with our individual understanding. Undertaking the same course establishes contacts and builds confidence, not competition, among us.

As pharmacists, we could do a lot more to help patients with asthma. If we want our advice to be consistent and complementary, it makes sense to become involved in multi-disciplinary teamwork and education. I wish I had done so earlier, rather than waiting several years and travelling several thousand miles.

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Don't be afraid to train your support staff

Community pharmacists have nothing to fear if they train support staff to take on new roles, a College of Pharmacy Practice study day heard last week.

Only by making better use of their staff could pharmacists seize the opportunities presented by the NHS plan, Steve Howard, director of training and development, Gehe UK, told the meeting in Reading.

"In many instances we have very dedicated, highly trained, but sadly under-utilised technicians, dispensers and pharmacy staff," he said. "To enable pharmacy to move forward, we need to capitalise on their knowledge, their skills and their commitment. By helping them extend their roles and competencies we can free up quality blocks of time to enable pharmacists to deliver on the NHS plan. If not, who else is going to do it?"

The proposed 2,000 new doctors would probably not be in place for 10 years.

"Pharmacy is there now, and if it starts to present itself as a solution to the problem, it is far more likely to achieve acceptance in the eyes of the Government and more likely to receive income and revenues than if it presents itself as part of the problem."

Community pharmacists' concerns about being usurped were sometimes driven by fear and uncertainty about their future role, rather than a love of the present or the past.

These fears should be unwarranted: "The only fear is detriment if we don't do it. The world is changing out there and we need to change with it. We can't afford to procrastinate. We should be advocating and refining a team-based approach to patient care. We must make the very best use of all our team to the benefit of our patients."

Community pharmacists and technicians needed a forum for discussion, as they rarely all met together. Mr Howard thought study days were a good opportunity but, while almost half his audience at Reading were hospital technicians, none were community pharmacists.

The NHS Plan focused on designing services around the needs of patients, not around the minority needs of any one profession, he said. Patients might prefer to have their medicines delivered directly to their homes, or to pick them up from primary care centres. They would come to pharmacies only if they could see value in doing so.

Medicines management and pharmacist prescribing were key to the future of community pharmacy.

Training your technicians will not diminish your own role – that was the message at a College of Pharmacy Practice study day. **Adrienne de Mont** reports

But there were huge implications – not least, pharmacists' time. In taking on new roles they would still need time to perform their core roles. Patients might see pharmacists as experts in medicines, but would they see the pharmacy as able to deliver other roles?

The Government's perceptions were also important. "We've had a lot of wise words from Government, but how many extra pounds, shillings and pence have we seen? Are we seen as adding true value or just cost?"

The next three to five years would be critical for the profession, Mr Howard said. There would be a change in the contractual framework, which would not be easy for some, but pharmacists would have to work towards a contract that recognised and rewarded changing roles.

There would be minimum training requirements for support staff by 2005 and probably the extension of accredited checking technicians into community pharmacy. Standard operating procedures would be introduced. Continuing professional development would be mandatory and would need to cover the whole pharmacy team.

Local pharmaceutical services would be designed to meet local needs, and there would be a growing influence of NHS Direct and primary care centres. There would be continuing downward pressure on the drugs bill and, until a new contract was introduced, on the global sum.

Mr Howard thought closer alignment between the health and social services budgets would present huge opportunities for pharmacists to engage in the social agenda.

"After all, who has a better skill base, better accessibility and better geographical distribution than community pharmacy?"

"Change always means giving up something. But if we get it right, the rewards for the profession, the NHS and, most importantly, the patient are immense," he said.

Lesley Morgan, president of the Association of Pharmacy Technicians, described how technicians' roles



Steve Howard: "We can't afford to procrastinate"

might be expanded in both hospital and community pharmacy.

Accredited checking technicians could final check assembled prescriptions, after a pharmacist's clinical assessment, and had to work within standard operating procedures. They were qualified to S/NVQ level 3 for pharmacy services and had at least two years' experience. The same system could work in community pharmacy, where they could be involved with repeat prescriptions or supply to care homes.

Technicians could take on a clinical role in the community, in a similar way to pharmacy technicians going on ward rounds. They knew pharmacy customers well and knew what OTC medicines were being taken.

There were opportunities in palliative care for technicians to manage supply, check on patients and form links between hospital and community care.

Ms Morgan said there was an urgent need for the profession to decide what qualifications pharmacy technicians should have. She thought the S/NVQ level 3 for pharmacy services should be the main qualification, with standards and standard operating procedures introduced for extended roles.

Registration with an authoritative body would help to address these

issues and pharmacists had it in their powers to move the process forward.

Trevor Beswick, regional pharmaceutical adviser, NHS Executive South West, described a framework for enabling suitably trained technicians to deal with medicines information, traditionally the province of pharmacists. Pressures on hospital pharmacy staff meant that pharmacists were increasingly called on to create more time for clinically orientated roles.

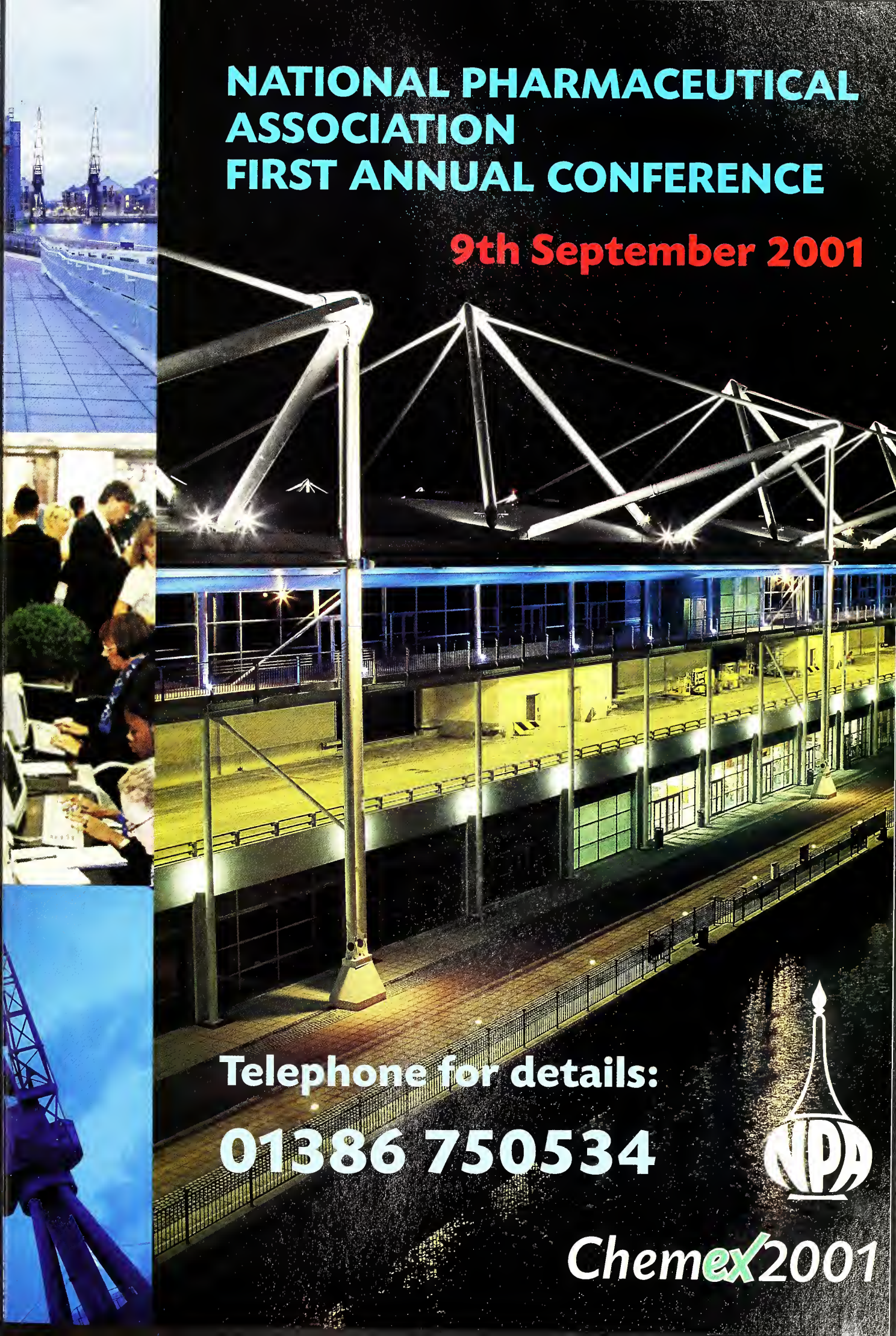
Mr Beswick and his colleagues have devised a list of queries that could be answered by trained technicians, mostly straightforward information relating to drug presentations, doses and availability. Inquiries unsuitable for technicians include urgent clinical problems, or queries about drugs suitable for use in pregnancy, breast-feeding, liver and kidney problems.

A nine step "inquiry flow" acts as a standard operating procedure, so staff know what their responsibilities are. The first step is to take in the query and make sure enough details are obtained. A pharmacist then assesses it clinically and decides whether they need to check the final information before it goes out, in a similar way to pharmacists making a clinical assessment of prescriptions.

A training programme includes assessments of competence, and the framework should be available nationally from September.

Workshops looked at the value of technician accreditation and developing the role of clinical technicians. Points made included:

- accreditation would set and maintain standards, formalise training and assure competence
- it would bring job satisfaction and motivation by giving technicians the opportunity to move on
- this would help with recruitment and retention
- the service would become more efficient, making better use of skill mix and improving patient care
- clinical technicians could be involved with the practicalities of supply, leaving clinical pharmacists to become more involved with therapeutics and a holistic approach to care.



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Gerald Alexander: a back room boy with the ideas

As a pharmacy student at Aston, Gerald Alexander saw the same piece of graffiti every day on the way to lectures. "The urge to destroy is a creative urge," it read.

"What sort of anarchist wrote that?" he would ask himself. And while the sentiment is not one he necessarily believes in, it is something that Mr Alexander has thought about ever since. His response, after 30 years in the profession, is: "Never knock down something until you know what you are going to put in its place." A warning the Government should heed, perhaps, as it embarks on its NHS reforms.

So to retain the existing pharmacy network the new generation of pharmacists needs to have a voice, he believes. Encouraging pharmacists to take an active interest, whether as employees, or more preferably by being helped to become the pharmacy owners of tomorrow is the key.

This is not such a surprising view from a man who has spent his working life in the independent sector, the last 20 years of which have seen him owning a community pharmacy in Edmonton, north London. He admits to being "not the most well known figure in pharmacy", seeing himself more as a "back room boy with the ideas". Even now, as he eases himself into his year of office, at the back of his mind is the thought: "What poisoned chalice are they handing me?"

He reckons this could be the make or break year for pharmacy with so many changes taking place. But whatever the outcome, Mr Alexander wants to ensure there will be a strong independent sector. One way of doing this would be to offer more pre-registration students training in the independent sector, enticing them with interesting career opportunities.

Time to raise your voices

As the new chairman of the National Pharmaceutical Association, Gerald Alexander hopes to strengthen the voice of the independent pharmacist. **Charles Gladwin** reports



Gerald Alexander is a believer in supporting the next generation. He is a pre-registration tutor and is pictured here with Eugene Ibe (left), a Nigerian pharmacist who has just started his pre-registration training to register in the UK, and Marc Winton, who has just completed his year

This would be one way of countering the growing multiple sector governed by only a few pharmacists. The danger is that as the multiples become bigger and stronger, the voice of the employee pharmacist, who works most closely with the patient, will not be heard.

"There needs to be some form of inclusivity of the people they employ. I would not be happy to see a large multiple block controlling community pharmacy without the young people being represented," he says, almost

suggesting a new role for the NPA.

"You could say the Royal Pharmaceutical Society represents the pharmacist, but it's too disparate," he answers. "There are so many different groups within the Society and with the way the Council is constituted, I do not think community pharmacy is fully understood.

"I think that the Council should take more notice of what the NPA Board has to say in terms of policy," he continues. "I'm actively involved in a community

pharmacy. I understand what goes on at Board level, at the LPC level and at a community pharmacy level. I understand how it is important to invest in our patients' future. I'm concerned that the Council of the Society is somewhat remote from community pharmacy as there are not enough community pharmacists there speaking up for pharmacy.

"We cannot have people at that level thinking about community pharmacy when they are not actively involved in it. There needs to be a greater number of representatives there from our sector especially when they are making decisions on community pharmacy practice."

And yes, Mr Alexander is thinking of putting his money where his

"Never knock down something until you know what you are going to put in its place"

mouth is and standing for Council next year.

Flaws in the plan

Although many opportunities for pharmacy lie within the new NHS, there are still some concerns. One is the possibility of primary care trusts setting up primary care centres. "I do not know how we will cope with that. We could see pharmacy decimated," he warns.

Another pressure is the fact that 80 per cent of community pharmacists' income is controlled by one monopolistic payer, the NHS. He wants greater recognition of the added value of pharmacy. "The added value that pharmacy provides in terms of health outcome is not just the simple dispensing process they think it is," says Mr Alexander.

ETP, the electronic transfer of prescriptions, should be welcomed as it may usher in repeat dispensing, something which will show how pharmacists can help improve health outcomes. Similarly, medicines management will mean the pharmacists can develop and use their cognitive skills.

"It's not just about filling up a dosette box. It's about providing an understanding to the patient," he says. "But it should be pharmacist centred. The place to discuss medicines is in the pharmacy."

Local pharmaceutical service schemes may offer some pharmacies a way forward, particularly those with low dispensing levels, as LPS schemes will again call on the pharmacist's cognitive skills. But GPs' experiences with personal medical service schemes suggest future problems for LPS just in dealing with NHS bureaucracy. There is also the possibility that PCCs could operate their own LPS schemes. "I think the Government will live to regret actions that actually destroy the local community," comments Mr Alexander.

A further criticism of Government is that it, too, seems to be driven by price, rather than quality. But the Government should recognise that it gets a very efficient stock

management system from community pharmacy.

"The skills that community pharmacists have as businessmen and healthcare professionals together have given excellent value for money and a first-class pharmaceutical service."

Against the "public" NHS reforms there is the commercial sector. A key area of concern currently taxing the NPA is the prospect of open display of Pharmacy medicines. "Does

"Without the professional input of a pharmacist or a trained assistant, who can advise and improve the health outcome?"

everything have to be put on open display like the supermarkets?" he asks. "Without the professional input of a pharmacist or a trained assistant, who can advise and improve the health outcome?"

Supermarkets are not the best places in the world to be, either, he says, citing the queues and the lack of service. "The only thing the supermarket has to offer is the car park and the convenience. They give the impression they are competitive on price, but, in reality, are they?"

Of more concern is how those less educated are supposed to know which medicine to buy from the supermarket shelf. And for the disadvantaged - the elderly with a fixed pension, the poor, the handicapped - they might not have a car to get to the out of town supermarket, let alone be able to get across the car park.

The demise of RPM means some pharmacists will suffer. They will see

their margins cut as they have to face the "greedy" competitors. But while pharmacy services have been improving and will continue to, "does the customer get a better service from the supermarket compared with 10 years ago?" asks Mr Alexander.

He sees the power the supermarkets have gained as unfair competition for any other retailer, and especially pharmacy.

"It's very difficult to work within the constraints of professionalism. If the RPSGB does not get the access to OTCs right in terms of promotion it could all go wrong."

Oh dear! The poor old RPSGB comes in for a lot of criticism during the interview. At this point the issue of training and continuing professional development comes under scrutiny. "The NPA has a marvellous training department and produces a range of quality materials. But although we can lead our members to water, we can't make them drink - we can only provide the resource packs," he says.

"Often we have to do the work that the Society wants. Who trains the technicians? The Society does not do any of it, they just require it. Without our co-operation, many of the drives forward would not have taken place."

Another area of concern is technician registration. This is not something the Society should do, argues Mr Alexander, but it is on some Council members' agendas. "Some come from a hospital background and believe that the standards that apply in hospital should apply in community pharmacy. But I think they're wrong."

"If it works within hospital pharmacy, that's fine. But if you employ the models you use in your circumstances to someone else's circumstances, it may not work."

The NPA is working on standard operating procedures, which it sees as an important strand of its activities. But while some may think it is a good idea for registered technicians to be able to check prescriptions using standard operating procedures, SOPs should be down to the pharmacist

employing the technician, not the Society, he argues.

"If the pharmacist thinks the individual working for him is competent, then the pharmacist can take that responsibility. It's not for an outside organisation to say that someone is competent."

"We are all for training, protocols and better education. That's what the public expects from us. But it does not mean they should be registered."

On the matter of medicines deregulation, he is not convinced by the argument that just because someone claims the public wants something, it is a good idea. "We have to provide that professional input and that 'human face' we have in community pharmacy."

Anecdotal evidence seems to support this view. "What sort of criticism does the public make of community pharmacy? We seem to manage the changes seamlessly and have done so over many years. Community pharmacists are well loved and well respected. The public have access, they know the individual pharmacists."

"That's why I want to see young pharmacists becoming more involved in the interaction between the public and the pharmacist by being in place for a number of years and knowing the local community. It is something the British public have come to expect. That's why we need that emphasis on the community pharmacy network."

Despite the apparent differences between the pharmacy organisations, Mr Alexander is upbeat about the future of pharmacy. People are continuing to invest in pharmacy, and if they are investing, there will be a future, he says.

Pharmacists will be prescribing sooner than they think, the new NHS services such as walk-in centres are beginning to realise how useful community pharmacies are, and community pharmacists will have the chance to develop professionally with the encouragement of pharmacy specialists.

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Pharmacy sales take a fall from May high

Pharmacy sales in June were down considerably compared with their May peak, according to the Confederation of British Industry's latest *Distributive Sales Survey*.

While more than half of the pharmacists questioned (53 per cent) said sales had been higher than 12 months ago, 30 per cent saw their sales decline.

The remaining 27 per cent said sales had remained the same compared with a year ago, leaving a balance of plus 23. For May that balance had been as high as plus 62.

Retail sales in general remained robust, but are likely to cool somewhat during July, the CBI said.

Fifty-five per cent of retailers reported increased sales while 25 per cent witnessed a drop. The resulting balance of plus 30 was only slightly below last month's figure of plus 35.

Commenting on the slight slowdown in retail sales, Sudhir Junankar, CBI's head of economic analysis, said it was too soon to say whether consumers were becoming more cautious about spending money.

"We can see a comfortable and manageable level of growth that, at this stage, is not pointing to an inflationary boom," Mr Junankar said.

John Beighton to run APS Berk



APS Berk has appointed John Beighton, above, to the newly-created position of deputy general manager.

Mr Beighton, until now APS Berk's commercial director, assumed responsibility for the day to day running of the generic manufacturer at the beginning of July.

Andrew Kay remains APS Berk's managing director.

Deadline looms for GSK agency scheme

Pharmaceutical wholesalers have until the end of July to agree a new agency contract with GlaxoSmithKline, according to sources.

GSK is understood to have given wholesalers three months notice to end the current contracts, prior to any agreement on new terms.

GSK does not confirm the date but said it had "served the appropriate notice on the old Glaxo Wellcome and SmithKline Beecham distribution contracts in order to ensure that we can move forward with new GlaxoSmithKline contracts".

Observers believe GSK is unlikely to stop supplying Glaxo products to wholesalers, even if they fail to sign new contracts before the deadline.

GSK is in a difficult position. Its original proposal to bring SmithKline

Beecham's ethicalicals into the scheme and cut wholesalers' margins from around 4 per cent to 2.5 per cent caused a furore (*C&D*, June 2). The strength of this reaction surprised GSK, which is keen to work out a deal that satisfies both parties. But the company may not want an agreement that is seen as a "climb down".

Wholesalers have arguably more to fight for. They know other pharmaceutical companies are following GSK's progress closely. If the company delivers a deal with greatly reduced profit margins for wholesalers, other pharmaceutical companies could be spurred to launch similar schemes.

And once GSK has a new, favourable agency scheme in the UK, it may expand the scheme to cover other European markets.

GSK is understood to have told wholesalers that it has the specialist courier TNT ready to step in if the distribution discussions break down.

GSK refused to confirm the allegations. Its statement said: "We are very confident that we will reach a suitable agreement with our current distributors in the near future".

Sources question whether TNT would be able to handle twice-daily deliveries on a profit margin of 2.5 per cent.

Meanwhile, GSK has been talking to pharmacy multiples and independents. "By having a direct relationship with pharmacies we will be able to help them navigate these challenges by developing investment strategies which could include increasing access to discount deals," it said.

UniChem builds on CPI

UniChem is taking its Community Pharmacy Initiative marketing support scheme on a stage further with CPI+, which offers additional benefits for greater compliance.

The new scheme is currently being tested in 25 outlets and will be rolled out to all CPI members in the third quarter of this year.

CPI+ members will be offered a regular merchandising service (for which there may be a charge). They will have to fully implement planograms from the Moss Advisory Service, stock core ranges and key own brands, and accept monthly "hotspot" promotions in conjunction with the Counter Attack programme. Pharmacies will be subject to regular compliance checks on a "three strikes and you are out" basis.

UniChem said that because the scheme will provide more promotions than CPI it will improve price perceptions among consumers.

"We are looking to make it more of a virtual chain," said Martyn Ward, UniChem's sales and marketing director, "with extra benefits for greater compliance."

Meanwhile, UniChem also warned its customers that inaction following the collapse of Resale Price Maintenance was too big a risk to take after a survey of pharmacists at customer evenings revealed most are adopting a "wait and see" approach.

Some 60 per cent are taking no

action, while fewer than 10 per cent claim to have organised highly visible medicines promotions. Around 25 per cent have increased and are pushing own-brand products.

UniChem advised proprietors to:

- prominently promote a few key medical lines
- change these promotions frequently
- protect margins by recommending own-brand medicines
- Extend the range of branded items without increasing stockholding, by using schemes like Counter Attack.

DTI steps in as 'bank' for HLS

The Department of Trade and Industry (DTI) has agreed to operate a basic banking facility for animal-testing company Huntingdon Life Sciences (HLS).

The basic account at the Bank of England does not include any overdraft or loan facilities.

Any cost incurred would be charged to HLS, said a spokesman, adding that the Government had stepped in because it "was not prepared to see the valuable work of companies such as Huntingdon Life Sciences undermined because of intimidation by animal rights extremists".

Counter Attack does the business

Over 2,000 customers have signed up to UniChem's Counter Attack promotional programme. The latest sales estimates show it is increasing sales in pharmacies in sectors such as baby and toiletries which are in overall decline.

While the toiletries market is estimated to have declined 16 per cent year on year to the end of May, sales through Counter Attack customers are up 5 per cent; in the baby sector, where the market is down 18 per cent, sales are up 4 per cent.

"We are winning business back from competitors rather than growing the market," claimed UniChem sales and marketing director Martyn Ward. "Counter Attack is reversing base sales decline, while increasing promotional activity creates growth."

Key to the success of the programme is the facility to order promotional lines as singles, daily and with discount. Mr Ward said this means promotions are "virtually risk free" as no stock investment is required. "This is the solution to generous 'bonus offers' from manufacturers which lead to cluttered stock rooms, cash tied up and poor cash flow."

Online Health & Beauty still small, says Verdict

The online Health & Beauty market remains small compared with online grocery sales, according to figures released by Verdict Research.

Health & Beauty sales amounted to £2.2 billion in 2001, but only accounted for 0.19 per cent of the total H & B market. The corresponding figures for the retail grocery sector were £1.2 billion and 1.4 per cent.

However, Verdict feels there is considerable scope for online sales in the H & B sector and predicts that online retailing will capture sales of £533m by 2006.

Sally Bain, Verdict's publications manager, expects the biggest gains to be made by retailers of trusted brands such as Boots.

Ms Bain said Boots had made significant strides in this market, largely due to the launch of Wellbeing, its multi-channel joint venture with Canada.

Verdict also predicts a bleak future for pure dotcoms and Ms Bain said that the clicks and mortar approach would prove to be the most successful.

"We believe that a truly multi-channel approach is absolutely vital," said Ms Bain.

Verdict does not expect a large scale fragmentation of the online retail sector and expects a handful of companies in each sector will account for over 75 per cent of sales.

The company's research also showed that the number of Internet shoppers had grown to 5.9m, a three-fold increase since 1999.

Furthermore, the average spend had risen by 11 per cent to £357 in the six months between October 2000 and April 2001.

Figures released by National Statistics appear to show a similar trend, with 9.2m households now having access to the Internet, representing 37 per cent of all UK households.

Boots and Sainsbury's discuss far-reaching collaboration

Boots The Chemists could be operating pharmacies in as many as 100 Sainsbury's supermarkets in edge-of-town and out-of-town locations if discussions between the two companies and an initial trial prove successful.

The two companies have been discussing a possible pilot in a handful of stores aimed at bringing the Boots ranges of medicines and Health & Beauty products into the main supermarket area.

Boots already operates so-called concession stores in five Sainsbury's branches, but these are located "beyond the till-line". The supermarket giant already carries 4,000 Boots lines.

Under the new scheme the supermarket's offering of Boots own-brand products could be extended to 10,000 lines, which would be displayed on Boots-branded fixtures and fittings.

Boots would also operate pharma-

cies under its own name wherever a pharmacy contract exists. Customers would still be expected to pay for POM and P-medicines separately at the pharmacy counter.

Boots has made no secret of its ambition to increase its edge-of-town presence, which is currently limited to 70 stores. Linking up with Sainsbury's would provide the pharmacy chain with a rapid and cost-effective way to achieve this goal.

UniChem claims to outperform AAH on customer service

For the second year running UniChem is publicising market research which suggests it is outperforming rival wholesaler AAH Pharmaceuticals in key areas of customer service.

A leaflet highlighting points from a customer image survey conducted last year by Taylor Nelson Sofres on a sample of 800 pharmacists (half of them UniChem customers) is being distributed to all who use the wholesaler.

"The survey shows high standards have been maintained and that UniChem has continued to improve,"

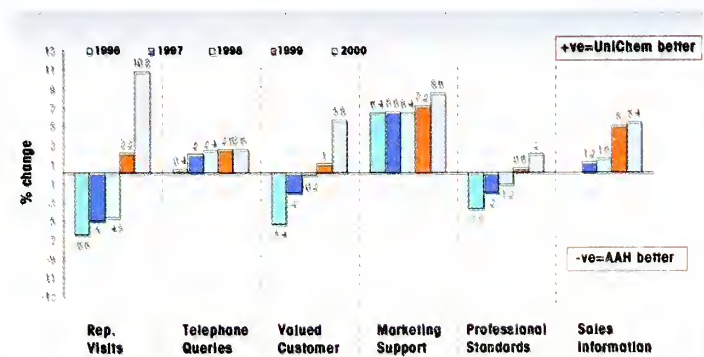
sales and marketing director Martyn Ward said.

UniChem's sales force has seen the greatest improvement since the survey began five years ago, with 36 per cent of pharmacists now rating it excellent or very good. Other areas where UniChem claims an edge over AAH are highlighted in the table below.

UniChem's image among its own customers has improved dramatically. Whereas in 1999 36 per cent of UniChem customers thought it provid-

ed a better service than AAH, by last year the proportion had risen to 47 per cent (58 per cent among Community Pharmacy Initiative customers).

UniChem puts the improved "feel good factor" down to the success of its Counter Attack programme, the "computerisation" of its sales force, competitive promotional pricing and own-brand developments.



Percentage change in ratings of UniChem and AAH on customer service over the past five years

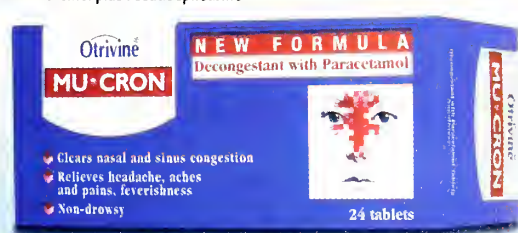
Clarification

Pharmacy2U's (P2U) contract with Leeds Teaching Hospitals NHS Trust (CED June 9) is considerably smaller in terms of both value and scope than previously described by the company.

The true value of the two-year contract is said to be in the region of £200,000 rather than the multi-million pound figure given by P2U.

The contract only applies to renal and HIV outpatients. Medicines will only be delivered to the home address, not to GP surgeries or the hospital pharmacy, which had been cited as alternative delivery locations.

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Further information is available on request from: Novartis Consumer Health, Wimbleshurst Road, Horsham, West Sussex RH12 5AB.

NOVARTIS

DOOP Services under new ownership

Personal Hygiene Services (PHS) has acquired DOOP Services for an undisclosed sum.

DOOP, which collects sharps and patient-returned medicines from pharmacies and surgeries, will continue to trade as an independent company while being run as a wholly-owned trading division of PHS.

Hugh Gillies, one of DOOP's directors, said that as far as pharmacists were concerned nothing would change except that a wider range of services would be available to them.

PHS offers yellow-bag collection and provides waiting room services and vending machines.

Mr Gillies said it would have been very expensive for the company to expand its operations into areas such as yellow-bag waste, whereas PHS was already doing it. PHS, on the other hand, had been keen to develop its business in a specialist niche market.

Mr Gillies will stay with the company for six months to see it through the integration period, after which he may continue part-time.

William Ransom's profits fall

William Ransom and Son's pre-tax profits fell 46 per cent, to £490,000 for the year ending March 31. Sales fell 5 per cent to £8.83 million.

The company said two items of exceptional cost had significantly contributed to the steep decrease in profits.

One of these was the decision to write-off its £150,000 investment in *indiemed.com*, a business to business service for generic pharmaceuticals, which collapsed earlier this year.

The cost of establishing a Consumer Healthcare division, announced in

November 2000, amounted to £140,000.

The division had been set to develop a branded over the counter portfolio for William Ransom by adopting a three-pronged approach of acquisition, in-licensing and development.

Tim Dye, William Ransom's chief executive, said the company had not yet bought a major over the counter portfolio, but he hoped that something would be achieved during this financial year.

The division's only major acquisition to date is Cariat, an aromatherapy business. Mr Dye said Cariat had exciting growth potential.

The Consumer Healthcare division's main focus in terms of acquisition would be on OTC medicines with no natural bias, he said.

Meanwhile, the company's non-executive chairman, Michael Ransom, is to retire after its annual general meeting in September.

Mr Dye will become executive chairman as well as remaining chief executive.

The company is currently looking for another non-executive director for the board.

New SSL chairman appointed

SSL has appointed Ian A Martin as non-executive chairman. He will take over from Stuart Wallis on September 1.

Mr Martin, a chartered accountant, will step down from his current position as chairman of dairy company Uniq (formerly Unigate) at the end of July.

He will however retain his non-executive roles at telecommunications company 365 Corporation plc, international insurance brokers HLF Holdings and Baxi Group.

Mr Wallis announced in February that he did not intend to renew his contract when it expired at the end of July. He has however agreed to continue as chairman until Mr Martin joins in September.



Ian A Martin

Young Pharmacists show sound business sense

Last month UniChem, the UK's leading pharmaceutical wholesaler, launched the first 'Young Pharmacist Business Award' in response to growing disillusionment of young pharmacists entering the profession.

There are some great prizes on offer, as well as receiving a £2,000 business bursary, the winner will get the chance to spend time in five different European pharmacies seeing how pharmacy compares across the continent, thanks to Alliance UniChem's European network.

All pre-reg students and pharmacists who have qualified within the last five years are invited to enter - all you have to do is tell us in 700-1,000 words how you see independent retail pharmacy in 2020.

We've already had some great entries, but you still have 18 days left until the competition closes. To inspire you to enter, here is a round up of some of the best ideas we have received so far.

By 2020:

- Direct supply of medicines to patients' homes
- Pharmacists will be able to prescribe
- A wider range of services will be on offer in



pharmacy - for example, comprehensive screening programmes

- e-communication throughout the industry
- NHS intranet
- Pharmacists practising in space

If you would like to take part, please contact Tina Barratt or Matt Hipwell on 020 7761 1725/1717 for an entry form.

Prizes on offer include:

- £2,000 business bursary for the overall winner

PLUS

- An all expense paid 'jet set tour' of five of Alliance UniChem's affiliated European pharmacies. Here the winner will spend a day to two days at each pharmacy viewing how each business operates differently from country to country and report back, with the features being published in *Chemist & Druggist*.
- Three runners up will receive £800 worth of PC equipment

The finalists will be invited to UniChem's Great Business Awards, held in November at The Metropole Hotel in Birmingham where the winner will be announced.

Deadline for entries extended to August 14

Classified

Appointments £27.00 P.S.C.C. + VAT minimum 3x1. General classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 12 noon Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Debra Thackeray, Chemist & Druggist (Classified), CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dofpharmacy.co.uk>. All major credit cards accepted



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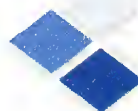
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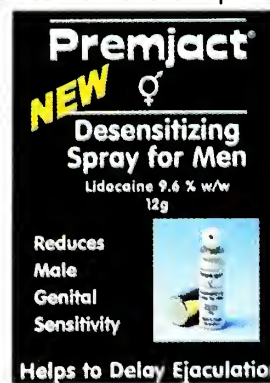
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Welcome to the Pharmacists' International Ball

As the Pharmacists' Ball draws to a close, we are drawing a line under the proceedings. But before we do, here are the last of the late arrivals, announced by Mike Chester, of Barnsley...

"Ladies and Gentlemen - will you please welcome...."

"From the Wild West, Mr Ophilon Cassidy.

From NASA, Mr Ronnie Col. Timespan.

From the heart of the USA, here's Dora Lise Tiltab and Jim Fibrozil.

Kal Tostat is here, and so is Donny Osmolite.

From showbiz - a superstar, please give her a superstar's welcome, Bella Donna, accompanied by her facilitator Mr KY Jelli.

From Texas, here's the delectable Miss Dallas SinSec.

Your support please for Tubby Grip and the equally compelling Tubby Fast.

Here's a spasmodic visitor to these shores, the highly respected IBS Alverine, and straight out of the LA smog, clear your throats for ChesT Koff with his brother, Tick Lee Koff.

From the smallest state, welcome please, Mike Crogram. From Vegas, the lady with all her cards on the table, the dealer of dealers, Meg Ace.

Val Derma is here with her bag men Col Ostomie and Uri. Who is this? Why it's the OC man himself, Mike Krogynon. Now, at last we can all breathe easier, Monty Lukast is in! Last off the bus, I see, Kaz Cara and his ex, Miss Lax.

From Nashville, Dixie Methasone and from the jazz world, Cleo Bloo. Be kind to that old comedy duo, Mortar and Pestle, who will shortly grind out some corn for you. Put your hands together for a one-armed genius with only one eye, but with a legendary hooter, Nelson Inhaler.

Heh! Heh! Here's the Irish bus at last. First off the coach is the very famous Benny Lynn. Whilst we understand his mum Vera couldn't make it, he has brought along the tasty, Robbie Tussin.

They're all here folks, I've got a million of 'em. Next in line is Stan O'Zol, Bonnie Jella and, of course, that grand old lady who is always up for it, Flora Quinn. Coming up is a true superstar, that old heart-throb Tam Bocar.

What's that, Perry? You picked up the Welsh Boyos on the way! So you have, here's Dai Joxin and Dai Azeepam and, by the spots on my belly, isn't that Dai Phenhydramine? As petite as ever, it's Millie Gram. The very best of order, please, whilst we welcome to our front bench, Dai Dronel. P.M. - oh Boyo! Who's next through the door? Here's that big sweet guy, Maxi Jul, and don't blink or you'll miss him, a sight for sore eyes, little Timmy Optol.

Now a special treat: here come the lads from Asia and Oceania. Keep your heads for the Cambodian enforcer, Cal Pol. Su Li O has just remarked what a lice head of hair I've got, and here's a tonic - that accomplished singer/songwriter, Labi Ton. All the way from Thailand, settle down now and smile for Mai Lanta.

On the next raft is Gabby Scon, followed in a straight set by the famous Aussie tennis duo: Fru and Effie Coe. I reckon, Fru Semide and Fru Mil will flow in shortly, though they do tend to be at their best in the mornings.

Yolande is in folks - she'll keep your peckers up - hi, Yo! - Miss Yo Himbine.

Now it's time for a very special guest. Pay your respects to little Miss Benzene Hexachloride who is escorting her grandmother, Gamma - perhaps the greatest crab-catcher of all time.



As pert and pithy as ever, here's the zesty Liz Inopril,

Oh boy! At last they're here. The twins are in, folks. I give you the Mumdosos, Maxie and Minnie and, yes, yes - your very own GPs, Doc Zacocin and Dr White. Ethel Chloride has just arrived and, may I say, looking cool as ever. She's got Amy Triptiline in tow and please somebody find Su Li O, because her doppelganger Len I Um is here too.

Now stop fidgeting please, tick off the moments, she's here as promised, the brainy Miss Carole Dopa accompanied by that old trooper, Dan Trium.

Del boy has made it at last. In small doses he's OK, in large ones he'll blow away your cares and kidneys, Del Tacortril.

By the way, Terry Cortril plans to be here later and has promised to bring both Sophie Tulle and Mr N A Dressings to cover up some old wounds.

Look out at the back there! Let the relations through. Uncle Arthur Ritis is in, alongside Auntie Coagulant and, that wonderful old settler, Great Aunt Acid. I reckon we're nearly there. No wait! Here comes Mrs Vastatin's little

lass, Ceri, and bringing up the rear, two of the lads with a block booking, Ron Itadine and Cy Metidine. Here too, flushed with success, is Dick Zarit.

Not quite finished yet! What a relief! Here at last is Sal Butamol. Whilst we all know two puffs keep him happy, tonight he's in the company of Christian Dioralyte and Juan, Diflucan One.

Enjoy your night and have a lovely evening, and by the way, start without her. Her pussy is playing up, Mrs S Locum's late again.

I'm your MC (Mike Chester) for tonight, whoever comes lastly through the door, I shall escort into the ballroom and, here she is, Laura Tadine (what a relief - we thought it was going to be Penny again)."

So, as the senna tablet of time purges the impacted colon of destiny, and the wholesalers' delivery of fate misses the cut-off time again, we're afraid it's the end of the show. Look out for a new game soon!

But it isn't over until the fat lady sings..

Just when we thought we had heard all the arrivals, along come a few stragglers, as announced by Martyn Hudson, of Waterlooville, Hampshire.

He adds the following late arrivals. Mr and Mrs Tyline and their accident-prone daughter, Amy 'Trip' Tyline. Mr and Mrs Betadine and their war hero son Kit Betadine V.C. Mr and Mrs Trisil and their daughter Margaret - Miss Maggie Trisil. Mr and Mrs Royds and their daughter Emma. Mr and Mrs Ritusani and their daughter Pru.

And don't forget those jetting in from around the world. From Germany, the monk Bro Von Inhalant. From France, Mde Ena L'pril. From Sweden: Sven Agan. From Mexico, El Ocon. From Spain, Anna Stroz Ole. From the USA: Benny-Lynn Dayon Knight. From the UEA, No Al Cohol. From Holland, Dio Van Kapsoteles. From Belgium, Lilly Van Comycin. From Canada, Ike Orell. From Vietnam, Lary Ng Ojet. From Russia - Mia Calcic. From Ireland, Kerry Lotion. From India, Rose Bengal and from Japan, Kamillo-san. And bringing up the rear: Mr and Mrs Nase, the daughter Polly and her pet pachyderm, Polly Nase and Rhino last.

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